THE

WESTERN JOURNAL

OF THE

MEDICAL AND PHYSICAL SCIENCES:

For July, August, and September, 1836.

ESSAYS AND CASES.

Art. I.—Cases from the Diary of an old Physician.

No. 1. *Nervous Irritability.*—Mrs. H. B. aged 24 years, of a very nervous temperament, while sewing on the 15th September, 1824, pricked her left thumb under the nail, with a small cambrick needle. Little attention was paid to so trifling a hurt until the 17th inst., when it became tender and painful, but without any signs of inflammation. The pain then began to ascend the arm, and was so severe as to become alarming. I was called on for advice, and directed the part to be bathed with hot spts. tereb. and laudanum, and to take inwardly laud. and vitr. æther. sufficient to allay the pain. By night it had increased, and begun to affect the muscles of the face and the neck on the wounded side to such a degree as to raise serious fear of a trismus or "lock jaw." The doses of laud. and æther were increased to the extent of 120 drops, every hour or two, and a linament of ol. succin. ol. oliv. and laud. rubbed hot on the arm and neck, with a direction to keep the arm

very warm with a covering of flannel, as cold air seemed to increase the pain very much. On the 18th a blistering plaister was applied all round the thumb, with the intention of relieving the irritation of the wounded nerve, by exciting a new action in the neighboring parts. This application, aided by the warm bath, had a very beneficial effect in allaying the pain and spasmodic tendency of the disease. By continuing the laudanum in large doses, sometimes to the extent of half an ounce, the pain was in the course of a week so far subdued as only to be troublesome occasionally. The disease now put on more the character of hysteria, attended at times with violent delirium, and fits of sobbing. For this difficulty, venesection was prescribed with manifest advantage. She was also put upon a course of carb. iron, with the intention of strengthening the nervous system, as well as the general health, which had become considerably impaired. By the first of November, the pain had nearly ceased and the symptoms of trismus left her; but the whole arm had become so irritable that the least cold was painful. To overcome this sickly irritability, the cold bath, or rather shower bath, was directed every morning, and even at night, if necessary, with decided benefit, the arm remaining comfortable and easy for hours after the application of the water. About the middle of the month of November, electricity was tried, by passing light shocks through the hand and arm, without much apparent benefit. Near this period she became pregnant, which probably occasioned several severe fits of hysteria. A painful affection, with inflammation, of the face and jaws came on in December, which suppurated and discharged from the gum of the affected side. This, with the change in the system, consequent on pregnancy, relieved the train of spasmodic symptoms which had so long attended her. From this time she continued in tolerable health until June, when she was troubled with a good deal of pain in the left side, attended with nervous symptoms; bleeding, with nervines relieved these difficulties. About the middle of July she was delivered of a dead child. The fatigue of the labor, and the depression of mind, from the loss of the child,

brought on a hoarseness and soreness of the throat, attended with severe pain in the chest, great difficulty of breathing, and a cough which sounded like the barking of a small dog. There was no expectation. This was the second night after the "accouchment." To relieve these symptoms, two or three free bleedings were directed; and as the blood was highly inflammatory, the evacuations were large, averaging twenty ounces each. A large blistering plaister was applied to the breast, febrifuge and expectorating powders and drinks were given, with a diet of gruel and rice water. This course afforded relief in two or three days. It also checked the secretion of milk so much, that a small puppy kept her breasts free and soft. After these symptoms had left her, there commenced a very severe pain in the back part of her head; it was apparently occasioned by nervous irritation, but so severe that it required the largest doses of opium to afford any relief. These were repeated so regularly, and so often, that the worst consequences were feared from their continued use. Thinking it might arise from debility, as the paroxysms were periodical, large doses of sulp. quinine were given a few hours previous to the accession of the pain. This medicine had a fine effect for a few days, in preventing the return of the paroxysms; but in a week or more it ceased: it seemed to loose its influence over the complaint. Riding in a carriage was now tried with the happiest effect, the pain left her after riding a few miles, and by continuing it a number of days, and changing her place of residence as long, the pain in the occipital region left her, and did not again return. Through August and September, her health improved, but at the setting in of cool weather the last of October and beginning of November, the pain returned, but was now seated in the sternum, apparently behind the bone or in the adjoining mediastinum. It was attended with little or no fever, but with considerable rigors—was very acute and felt like the gnawing of some small animal. A large blister relieved it after a few days. In a week or two, a similar pain was felt in the right side, about the seventh rib, midway between the scrobiculus cordis and spine. It was very severe,

and attended with so much fullness of the side, that she was fearful that an abscess was forming. It was probably occasioned by venous engorgement of the liver. I did not see her in this attack for several days after its commencement, but a neighboring physician saw her; bled and blistered her, calling it a pleurisy. The blood which I saw was not sizy, nor did it present an inflammatory appearance; tongue not coated, nor was there heat or thirst. I therefore concluded the pain arose from the same cause as that formerly in the head and breast, viz. nervous irritation; perhaps the remains o that action excited in the system from the prick of the needle, and now wandering through the frame like a rheumatic affection. With this view, refraining from any more bleeding, I prescribed an infusion of R. Vallerian and Fol. Eup. perfol. warm, so as to produce perspiration, with occasional doses of Tolu. bals. comp. and after a few days put a seton in the side, over the seat of the pain, with a direction to make it discharge freely, and as a tonic, to take hoarhound and the mur. tinct. fer. The seton was applied to relieve engorgement, and prevent the fixing of disease on a vital part, by the long continuance of pain; it had also been used with benefit in her neck, the last summer, while laboring with the distress in her head. The pain left her as soon as the seton began to discharge, and by the use of the tonic medicines her health was much improved; the pain occasionally returns, before changes of weather, like chronic rheumatism. Remarks—In the above case we learn how trifling an injury may derange the healthy movements of the human frame, and how the derangement is increased ten fold by nervous temperament. The more sensititive the mind and intellectual faculties, with so much less impunity the subject bears physical injury. A simple cut or bruise on an ignorant robust man, heals much more readily than on one with a refined mind and delicate frame. The animal man bears injury much better than the intellectual man. H.

Marietta, 27 *April*, 1836.

Art. II.—Report made to the Royal Academy of Medicine, *on a Manuscript entitled*, "*Anatomico-pathological researches on Phthisis*, by M. Louis, of Paris." Translated for the Western Journal of Medical and Physical Sciences. By J. T. N. Maddox, M. D., of Louisville, Ky., and communicated through Professor Harrison.

You have charged us, M. M. Bourdois, Roger Collard and myself, to make you a report on a manuscript of M. Louis, entitled, "Anatomico-pathological researches on Phthisis." This subject has been handled so profoundly by Bayle, that he who attempts to write after him, on the same matter, will be, almost inevitably, the object of an unfavorable prejudice; this prejudice ceases however, when the circumstances which induced M. Louis to write, and the conclusions his observations have enabled him to make, are fully understood.

Arrived at the age at which most physicians discontinue their attendance at Hospitals, and cease to gather observations from any source, that they may devote themselves exclusively to practice, M. Louis has abandoned practice entirely, and devoted his time and attention exclusively to the study of facts.

Since October 1821, to the present period, July 12th, 1825, he has collected, with scrupulous care, the history of all the cases admitted in the wards St. John and St. Joseph, of the la Charite Hospital. The number of patients admitted was 1960, of which 358 died. Of these, 127 died of phthisis, and 40 others, who died of various maladies, had tubercles in the lungs. This lesion existed, then, in nearly the half of the deceased, and was in a third, the principal, if not the exclusive cause of death. The collection of a great number of facts, made for his own benefit, has furnished M. Louis with results sufficiently important to merit the attention of the Academy.

His work is divided into two parts: the first is devoted to the anatomical lesions, observed in the lungs and other organs; the second, to the exposition of the symptoms which indicate these lesions. The author has selected fifty cases, as a foun-

dation for his work; and has added some observations relative to the general history, causes and duration of Phthisis.

It is only of tubercular Phthisis that he treats. He thinks, with M. Lænnec, that the granulations of Bayle are but tubercles in the formative stage, and that cancer, ulceration, melanoris, and calculi of the lungs should be referred to other kinds of disease.

First Part. The anatomical lesions of the lungs, have been so well described by Bayle and M. Lænnec, that the author confines himself to a very brief description, in which we find nevertheless, many remarks peculiar to him: for example, he remarked that tubercles not only affect, specially, the summit of the lungs, as they have said, but that when they exist in the divers lobes, those which occupy the summit are larger and more numerous, and that they soften at a period when those of the base are yet hard and comparatively undeveloped. He affirms, that differences relative to the number, size, and the more or less advanced state of the tubercles, apply more properly to the superior lobe compared with the inferior, than to the summit compared with the base. He has often seen the superior lobe entirely disorganized, while the corresponding parts of the inferior lobe, at the same height, were permeable to air and strown only with tubercles. In the course of his remarks, he gives two curious cases, in one of which a large excavation was filled with a fibrinous clot; in the other, a fragment of pulmonary tissue, in appearance perfectly healthy, was enclosed in a cavity, without any connection to the walls of that cavity.

The larynx, trachea, and bronchia have presented to M. Louis lesions very imperfectly described by Bayle. In one hundred cases, this physician found lesions in the larynx only in seventeen; according to him, ulcerations in the trachea are much more rare (he indicates no proportions); of lesions of the epiglottis, he says nothing. In one hundred and two cases, M. Louis found the epiglottis ulcerated eighteen, the larynx twenty-three, and the trachea thirty-one times. In many cases, he has seen ulcerations of the trachea occupy all

its fleshy portion; and in one, many cartilaginous rings completely destroyed, in a part of their extent, by the progress of ulceration. The mucous membrane of the bronchia has oftenest presented no alteration in the vicinity of indolent tubercles, though it is found near excavations, particularly near those which are large, and are therefore considered ancient, to the thickened and reddened. He argues, thence, that the inflammation of the bronchial mucous membrane being posterior to the formation of tubercles, cannot be considered their cause, but rather the consequence of irritation produced by the matter of excavations. Inasmuch as the ulcerations in the trachea are large and more numerous posteriorly, and inasmuch as those of the epiglottis occupy almost exclusively its laryngeal surface, he infers that they are produced by the irritation of the expectorated matter.

In the tenth of the cases, the pulmonary parynchyma was the seat of an acute inflammation, supervening in the latter days of the disease.

The adhesions of the pleura, so common in Phthisis, has attracted particularly the attention of the author. He found but one case in which there were no adhesions. He observed generally a correspondence between the adhesions and the pulmonary disease: when the adhesions were feeble and limited, the excavations in the lungs were very small; when the adhesions were strong and extensive, vast cavities were found in the substance of the lungs.

He long since observed that tubercles are often developed in many organs at the same time, and that in consumptive patients, particularly, he often met with tubercles in other organs, as well as the lungs. Bayle had affirmed that tubercular matter sometimes exists in the intestines; but the numerical results which the work of M. Louis contains, was never presented before. He has recognized the presence of tubercles, or of tubercular matter in the small intestine, in nearly one-third of the cases. In the large intestine, in the ninth. In the mesenteric glands, in the fourth. In the cervical glands, in the

tenth. In the lumbar glands, in the twelfth. In the prostate, in thethirteenth. In the spleen, in the fourteenth. In the ovaries, in the twentieth. In the kidneys, in the fortieth. In the womb, the cerebrum, the cerebellum, the spinal marrow, the uterus, once. These researches, made with unusual care, have conducted M. Louis to conclusions of vast importance. Out of three hundred and fifty-eight bodies he examined, he uniformly found tubercles in the lungs when they existed in any other organs whatever.

To this statement, even the tubercular depositions of the serous membranes in chronic inflammations, makes no exception. The attentive examination of the lungs, in all cases of this nature, has enabled M. Louis to perceive tubercles there. In one case only, in which death succeeded low fever, and in which the lungs appeared perfectly healthy, did he find some tubercular deposites in the mesenteric glands. Does this relation, observed in more than three hundred and fifty individuals, over fifteen years of age, obtain also in children? Numerous post-mortem examinations only can decide this matter.

The anatomical study of organs not specially the seat of Phthisis, furnished M. Louis with many additional facts of great interest.

There was increase of volume in the heart, only in three cases, and this augmentation was confined to the left ventricle. In the few instances where the heart was increased in thickness, the lesion existed almost always on the left side. These facts teach us the value of the theoretical speculations of authors, who consider the tubercular induration of the lungs as one of the most active causes of diseases of the heart in general, and of the right cavities in particular. In a majority of instances, M. Louis found the heart diminished in the same proportion as the other viscera. When measured, the aorta was found comparatively smaller, throughout its extent, in cases of Phthisis, than in those who died of acute affections. The same vessel was larger in cancerous, than in consumptive

cases. In the fourth of the cases, it presented a remarkable redness of its internal face, without thickening or change in the consistence of its membranes. These lesions were not spoken of by Bayle, neither were those of the pharynx, of the osophagus, nor of the stomach, to which we have not yet referred.

Ulcerations of the pharynx and osophagus have been seen twice only. The osophagus presented, moreover, in three instances, attenuation, with softening of its membranes near its cardiac extremity. Ulcerations of these parts have not been seen by M. Louis in any other chronic malady: they have only been found in cases of consumption.

In ninety-six cases, in which the patient was carefully examined, M. Louis found the stomach nine times, double or tripple its ordinary size; the great curvature extending to the crests of the iliac bones. A like change in the size and position of the organ has only been seen in two instances of other diseases. But though this phenomenon is remarkable, the stomach offers, in its structure, lesions much more important, which were described in the author's article on "softening and attenuation of the mucous membrane of the stomach." This membrane, attentively examined in ninety-six cases, offered notable lesions in seventy-six, such as softening with attenuation, reddening with thickening, a melanotic aspect, &c.; in two cases it presented ulceration without any change of color or structure. This membrane while examined in comparison with nearly an equal number of cases of other chronic maladies, offered alterations in but half the cases; these alterations were likewise more inconsiderable; the softening and attenuation which was met with nineteen times, in ninety-six consumptive cases, has been seen but six times in eighty-four individuals, deceased from other chronic maladies. Thus the lesions of the stomach have been much more frequent and much more serious in cases of Phthisis.

The dueodenum was found ulcerated three times, and in some cases its mucous cryptæ enlarged.

The study of the anatomical lesions which are frequently seen in the small intestines, has induced M. Louis to fix his attention on the elliptical patches, formed by the agglommeration of the mucus cryptæ, of which some anatomists have spoken, but to which less importance has been attached than they merit. M. Louis believes that these patches, which exist in a healthy state, and are situated opposite the mesentery, participate but very little in the lesions of the mucus membrane which surrounds them, and are often the seat of lesions in which this membrane has no part. These patches are usually the seat of ulcerations in consumption.

M. Louis found those ulcerations in five-sixths of Phthisical cases, which proves that his examinations were more careful and minute than those of the diligent Bayle, who found them in two-thirds of the cases only. These ulcers have presented in their development this remarkable circumstance, that when they were confined to the mucous tunic, the subjacent cellular tissue was much thickened, and that when that was destroyed, the muscular membrane had undergone a proportionate increase of volume; so that while one of the tissues was being removed by ulceration, another was acquiring an increase of volume, and thus retarding an intestinal perforation. The mucus membrane presented, besides, some redness; it is rarely softened and thickened.

The large intestines presented ulcerations less frequently than the smaller intestines; but those ulcerations were larger. M. Louis has often seen the cœcum and the ascending colon ulcerated in all their extent. The softening of the mucus membrane is oftener seen there than in the small intestine: it exists in three-fourths of the cases.

The tubercular degeneration of the lymphatic glands of the mesentery has been seen, as we have said, in the fourth of the cases, all of which had ulcers in the intestines; but the tubercles were far from being in proportion to the size and number of the ulcers. In one case, in particular, where all the mesentric glands were tubercular, there was but one small ulcer

(a line in diameter) in the small intestine, the mucous membrane being, throughout its extent, every where else perfectly healthy. In many cases where the mesenteric glands were not tubercular, numerous ulcers existed in the bowels.

The author did not find a more constant relation between ulcers in the trachea and tubercular cervical glands. He therefore concludes that the tubercular degeneration of the lymphatic glands ought to be referred to other causes than inflammmation or ulceration of the adjoining membranes.

The fatty degeneration of the liver described by Bayle, the frequency of which has not been rigidly determined, is one of the most remarkable lesions which occurs as a consequence of Phthisis. It appears to be almost peculiar to this affection. M. Louis saw it in two-thirds of the cases of Phthisis, while in two hundred and twenty persons who died of other diseases, he has seen it but twice. He believes, also, that it is much more frequent in women than men, in the proportion of nine to ten. In the great majority of cases the duodenum was healthy. This fact is not uninteresting, since it has been affirmed that glandular affections are always consecutive to those of the neighboring membranes.

The spleen has often presented in this affection, as in others, alterations in volume and consistence. We have often seen them in the tubercular degeneration, as well as in the liver, the kidneys, the ureters, the prostate, the vesiculæ seminales, the ovaries and the uterus.

The peritoneum presented traces of recent inflammation in four cases. In another were found miliary semi-transparent granulations. In one case, two folds of this membrane, known under the designation of epiploon and mesentery, were formed of tuberculous, greyish semi-transparent matter, imperfectly mixed, and had acquired upwards of an inch in thickness.

Remarkable lesions were formed also in the brain. In three-fourths of the cases, the lateral ventricles contained from one to three table spoons of serosity, and the sub-arachnoidal tissue of the superior part of the brain was infiltrated.

In five cases the brain was softened throughout; in five others, the softening was partial, pulpy, and confined to the centre. The collection of small granulations that is generally found at the summit of the brain, on either side of the longitudinal sinus, and which are of a glandular nature, according to some anatomists, should be considered morbid productions in the opinion of M. Louis. He bases this opinion, firstly, on their entire absence in many individuals; secondly, on the inequality they present in their development, together with the thickened and opaque appearance the arachnoid around them constantly assumes.

This, the first part of M. Louis' work is terminated with an investigation into the peculiar lesions of Phthisis, and those which should be regarded as wholly adventitious. He refers to the first class adhesions of the pluera, more particularly in the upper part of the chest, ulcers in the air and digestive passages, the fatty degeneration of the liver and tubercles in any part of the body; to the second, peripneumony, acute pleurisy, ramolissement of the mucus membrane of the stomach and bowels, peritonitis, arachnitis and ramolissement of the brain.

Second Part. After having given a succint description of Phthisis, in conformity to his observations of facts, the author examines particularly some of the principal symptoms; designates the period of their accessions, their frequency, and some other circumstances of which authors hitherto have spoken very vaguely.

Hæmoptysis, with which he commences is present in two-thirds of Phthisical cases: in a fifth it appeared before the cough and spitting. Of the nineteen hundred and sixty cases, under the author's observation, none had hæmoptysis but consumptive patients, except a few, in which it was the consequence of external violence, from a contusion of the parietes of the chest, a fall, and a small number of females laboring under a suppression of the menses. From this the author concludes, that with the specified exceptions, the existence of an abundant hæmoptysis renders very probable the presence

of tubercles in the lungs. Your commissioners believe that this terrible annunciation is happily invalidated, at least partially, by many other facts. Hæmoptysis is more frequently met with in women than in men, in the proportion of three to two.

The pains in the chest which consumptive patients experience, may either be referred to pulmonary tubercles, or pleural adhesions; and as these two species of lesion usually accompany each other, it is difficult to determine by opening the body, which produces the pain. The acute sensibility of the pleura, and the well established absence of pain in a great number of tubercular cases, external and internal, induce us to believe that this phenomenon has its seat in the exterior membrane of the lungs, rather than in their parenchymatous structure. Nevertheless, it is not always so: a woman, whose case is reported in the work, complained during the fourteen days which preceded her death, of pains between the shoulders; post-mortem examination discovered only encysted tumors without adhesion, and besides, all the patients in which these adhesions were confined to the summit of the lungs had not complained, during life, of pains in the chest.

The examination of the febrile phenomena which supervene in all cases of Phthisis, in the second period of the disease, presented the following results. The chills have occurred in five-sixths of the cases; the sweats in nine-tenths. The opinion promulged by the ancients, and reiterated by the moderns, that the night-sweats and diarrhœa alternate, is in opposition to the observations of M. Louis, not only in Phthisis, but in other maladies. The author has seen the diarrhœa diminish sometimes when the night-sweats appeared, but it soon resumed its original intensity, without a subsidence of that symptom. M. Louis here remarks, quite appropriately, ins peaking of prolonged and abundant sweats, that a function can for a long time be profoundly altered, without an appreciable change, to our senses, of the organ which has charge of it.

Diarrhœa was present in every case, save one. When it preceded death a short time only, from four to twenty days for example, he found ordinarily very small ulcers in the intestines, the mucus membrane softened, often reddened and thickened. When the diarrhœa was of long standing, there were almost always vast and numerous ulcerations in one or the other intestine, sometimes in both. The diarrhœa was not less violent when the ulcers were confined to the small intestine principally, than when they were more extensive in the large intestine: a fact not uninteresting at this period, when some systematic physicians are disposed to make the colon the exclusive seat of lesions originating that symptom.

The symptoms which characterize ramollissement of the stomach—perforation of the lung, and pneumo-thorax its sequent, of which the author has given some cases—ulcerations of the epiglottis, of the larynx and trachea—are objects of special examination. We shall not speak of symptoms furnished by softening of the stomach and perforation of the lung, on which subjects M. Louis has presented particular treatises; we shall only speak of the other lesions.

The subjects in which the epiglottis was ulcerated, complained of pain, on a line with or above the summit of the thyroid cartilage, of difficulty of deglutition, sometimes so great that liquid returned by the nose, a local pain more or less acute, and complete aphonia for one, or many months. Ulcerations of the trachea, with a few exceptions, have given, ordinarily, no peculiar symptoms.

Lesions of the stomach have been accompanied by symptoms which will enable us in future, to recognize their presence during life. In a great number of cases, inappetency, epigastric pain, and even nausea and vomiting have indicated these lesions. With regard to vomiting, all physicians have considered hitherto, that it is provoked by the cough exclusively. M. Louis believes that this may be the case in the beginning of the disease, but observes that under those circumstances, patients should be free from epigastric pain, have a good appetite, and digest their food with facility, during the

intervals of the coughing paroxysms. By observing these symptoms, we may readily distinguish sympathetic vomiting from that which is ascribable to lesions of the mucus membrane of the stomach.

Nausea being a common symptom in Phthisis, and Phthisis being a common disease, it was both easy and interesting to know what relation existed between the state of the tongue during life, and that of the stomach after death, that we may the better appreciate the value of assertions always made on this subject. Of ninety-six cases in which the stomach has been examined after death, most minutely, this viscus has appeared healthy in nineteen cases; in the remaining seventy-seven it has presented various lesions. Of the nineteen cases in which it had a healthy aspect, nine had had during life a tongue more or less red. In one of these last, the redness and dryness of the tongue was very great, persisted from the entrance of the patient, into the hospital to his death, thirty-two days afterwards, and nevertheless, the stomach, in all respects, was perfectly healthy. Among the seventy-seven others, in which the stomach offered, either a simple softening with attenuation of the mucus membrane, or a redness more or less extensive, with or without nipple-like projections, etc., only thirty-five had had the tongue red during life, and in five of them an inconsiderable redness only existed. It appears, therefore, that the redness of the tongue has been as often seen in cases where the stomach was healthy, as in those where this organ had undergone "grave" changes.

The diagnosis of Phthisis is easy at an advanced period; the world knows well that it is uncertain during the first stage, and sometimes for a very long period. M. Louis has endeavored particularly to determine, by the comparison of facts and observations, what signs should make us first suspect and then recognize the presence of this disease. A dry cough of long standing, a shortness of breath induced by walking or speaking, pains more or less acute in the back or in the sides of the chest, a notable diminution of flesh and strength, should cause us to suspect strongly the existence of tuber-

cles in the lungs; should one or several attacks of hæmoptysis supervene, the presence of Phthisis can scarcely be doubted. Percussion and auscultation then will dissipate any doubts, if the sound of the chest be obscure below one of the clavicles to an inconsiderable extent; if the respiratory murmur is heard there more fully and is accompanied by a rale; these two phenomena existing in this part only, where tubercles are usually first developed, their presence can no longer be questioned. M. Louis reported a case, in which, by the aid of these signs, the presence of the disease was recognized seveenteen days after the appearance of the first symptoms.

In the second period, when tubercles are succeeded by excavations, the diagnosis is generally easy; pectoriloquy furnishes an unerring evidence. We should, however, remember that the partial dilatation of some of the bronchia can give rise to this phenomena, and therefore call in requisition all the other signs and assistances which are calculated to confirm us in our opinions. An interesting case is cited as the basis of this very sage precept.

M. Louis presents in other articles, interesting extracts, relative to the duration of the malady, the circumstances under which we most frequently meet with it, and sudden deaths which are not uncommon in Phthisis, of the cause of which post-mortem examinations do not always furnish adequate notions. Relating to its duration, he remarked that a greater number of women died in the first year, in proportion, than men. This he ascribes to the greater frequency of secondary lesions, as the fatty degeneration of the liver and the ramolissement of the mucus membrane of the stomach, which he has met with much more frequently in females.

Two articles are devoted to latent and to acute Phthisis. Five cases have been seen by M. Louis, in which fifty days did not elapse between the appearance of the first symptoms and the death of the patients. Death occurred in one instance as early as the twenty-fourth day.

Finally, in a last chapter, M. Louis examined by the aid of facts, the question of the nature of tubercles, a question so often and so uselessly discussed by the aid of reasoning and induction, and concluded that the tubercular degeneration of the lungs, neither was of the nature, nor consequence of inflammation, but essentially different from both.

In this analysis we have aimed to present you only the principal results, to which the author's investigations have brought him.

We think the Academy, specially charged with giving a good direction to the labors of physicians, cannot too much encourage the number, always too small, of those who, in place of abandoning themselves with the crowd to systematic discussions, dedicate their lives to the collection of facts at the bed side of the sick; and to seeking, after death, the traces of disease which have preceded and lead to it, and to deduct from the collation of these facts rigorous consequences.

(Signed) BOURDOIS,
ROGER COLLARD,
CHOMEL, (*Reporter.*)

REMARKS OF THE TRANSLATOR.

When we see a man of such discipline and acuteness of mind as Louis, such zeal in the pursuits of science, such freedom from prejudice, such comprehensiveness of intellect, and such self-denying disinterestedness, leaving a valuable private practice, for nearly four years, entering a hospital and subjecting himself to all the inconveniences of that situation, in order that he may the better understand the nature and tendency of a disease; we feel confident that medicine must be materially benefited; and the profession redeemed from the imputation which ignorance and charlatanism have brought upon it. That ours is not a "system of scientific guessing," is apparent to all acquainted with its principles and practice; and that the science of medicine is susceptible of the utmost precision and accuracy, at least so far as diagnosis is concerned, cannot be questioned, even by the superficial observer.

This is particularly the case with diseases of the chest, the recognition and diagnosis of which, till within a few years, has been so little understood. Louis' work does him great credit, and is honorable to the profession, of which he is so distinguished a member. To be properly estimated it must be studied diligently. Such devotees to the best interests of humanity, such benefactors to poor, frail, fallen mortality, must occupy a large space in the gratitude of nations, and purchase for themselves an unfading wreath of medical honors.

To practitioners, no fact is more important than that the upper part of the lungs is much more liable to tubercular degeneration than any other. It often happens, that while this portion of the lung or lungs is filled with tubercles, and even with abscesses, the inferior lobe or lobes of the same lung are comparatively free from disease. This is so uniformly the case, that nothing, probably, but accident ever causes tubercular matter to be developed primarily in the inferior lobes. We are indebted for this most satisfactory observation to the illustrious Louis, who met with but two exceptions in one hundred and twenty-three cases that he carefully examined.

The superior lobe of the left lung is most usually the location of this most intractable disease. Sometimes the right lung is affected, the left being entirely free from disease. Occasionally both are involved. Dr. Morton in his valuable and highly creditable "Illustrations of Pulmonary Consumption," gives the following as the result of his observation:

"Right lung diseased most in	28	cases.
Left do do do in	51	do.
Both lungs equally diseased in	7	do."

Of the preceding number, the disease was confined to the left lung in four cases, and to the right lung in a single instance only.

Until the time of Louis, the attention of the profession was not directed to any part of the chest, as the seat of tubercular

degeneration. Since he has announced that the summit of the lungs is, almost invariably, the first to undergo this morbid change, pathologists have endeavored (perhaps vainly) to explain the fact. They affirm that motion in this part of the chest is more limited than in any other, in consequence of the fixedness of the first rib; that in this part of the lungs, the circulation of the blood meets with most difficulties, and therefore, that lesions of nutrition are most likely to occur at this point, but we are not satisfied with this explanation, which seems to us too mechanical.

The difficulty of distinguishing Phthisis from chronic Bronchitis, and other pectoral affections, has been hitherto considered almost insurmountable. To form opinions, physicians were compelled to wander in the fields of hypothesis; and their conclusions were but the offspring of conjecture. But now we know, that the ravages of Phthisis are confined almost to the superior lobes, and we know, equally well, that pneumonic inflammation is confined almost exclusively to the inferior lobes of the lungs. By the aid of physical signs, we are now able to dispel or confirm the fears of those who suffer from pectoral affections.

Some pathologists believe that tubercles are the result of chronic inflammation. Inflammation of the lungs is a very common consequence of this disease, especially of its advanced stages, when the cavities are large, and when their proximity to the pleura is so great, that they act as irritants to this membrane; but that the morbid action which leads to the deposition of tubercular matter, is essentially different from inflammation, must be apparent to all who are familiar with post-mortem appearances. We find the pulmonary tissue even in contact with tubercles, perfectly healthy, presenting no traces of pneumonic inflammation, which would not be the case, were each tubercle the focus of inflammatory action.

Dr. Carswell considers the bronchial mucus membrane the most common seat of tubercles, in which opinion Dr. Clark of London concurs. Andral and others believe that the pul-

monary cellular tissue is the seat of this affection. The latter opinion is more popular with our ablest pathologists.

That family peculiarities are transmissible from parent to progeny, has been known for ages. To persons of vigorous minds and bodies, this must be a most delightful contemplation; but to the gouty, the consumptive, the scrofulous, and the maniacal, in wedded life, this must be a subject of gloomy apprehension, and physicians should regard it a solemn duty to warn all who are predisposed to these maladies against marriage.

When a predisposition to consumption exists, very little irregularity on the part of the indvidual will favor tubercular development. Predisposed persons should, therefore, avoid any and every irregularity, and pay the strictest attention to diet, cleanliness, and exercise in the open air. Impure air, ardent spirits, tight lacing, neglect of cleanliness, unwholesome food, the inhalation of irritating vapors, and particles of matter, sedentary habits, imperfect clothing, neglected catarrhs, the depressing passions, and whatever tends to debilitate the constitution, or disturb the nutritive functions, may act as exciting causes in predisposed persons. Nay more, by a habitual disregard of health, and a daily indulgence in, or neglect of, the above specifications, this terrific malady may be acquired even in individuals without predisposition; for if the deposition of tubercular matter depends on derangement of the nutritive functions, it must be obvious, that whatever tends to produce that derangement, may give rise to the formation of tubercles.

Phthisis prevails in all classes of society, and in persons of almost every temperament, and variety of bodily conformation. From time immemorial, it has been supposed, that persons of light hair, fair skin, blue eyes, a narrow chest, and a soft and delicate expression of countenance, were most liable to attacks of consumption. In this country, though these peculiarities greatly predominate, we find that this opinion of authors is inconsistent with truth. On the contrary, nearly two-thirds of Dr. Morton's cases occurred

in persons of dark hair, dark eyes and dark complections. In my observation this disease has attacked persons without regard to temperament or expression of countenance.

Authors have endeavored to identify Scrofula and Phthisis, and have boldly affirmed that "Phthisis is Scrofula of the lungs." Their arguments on this subject are vague and unsatisfactory. We are disposed to regard them as dogmas of the day, received without strict investigation. Cases are on record in which scrofula made frightful ravages in the osseous and muscular tissues, and even terminated in death, nevertheless no tubercles were found though they were diligently sought after. Besides we often see consumptive persons who never had a symptom of scrofula. In addition to this, it is not uncommon to see the bronchial glands free from disease in persons who have died of Phthisis. If scrofula and consumption be diseases of the same kind, is it likely that scrofulous caries of the spine should successively pass through all its stages, and even end in death, without causing tubercular depositions in the lungs? Would not the frail consumptive suffer more from scrofulous enlargements of the cervical glands? and especially should not the bronchial glands be the seat of scrofulous disease in consumptive cases?

Hæmoptysis has always been considered an alarming symptom by practitioners; because they regarded it as the beginning of a most unmanageable disease. Louis tell us that "a fifth of his consumptive cases were ushered in by this symptom, and that of the nineteen hundred and sixty cases which came under his observation, none were troubled with hæmoptysis but consumptive persons; except a few from external violence, amenorrhea, &c., &c.: the committee think, however, that this statement is at least partially invalidated." Louis believes that the abundant hæmoptysis is a proof of the existence of tubercles, from which opinion other eminent pathologists dissent. It would be contrary to all analogy to believe, that the pulmonary mucus membrane is not sometimes the source of hæmorrhage: and, besides, it is evident, that under certain circumstances, violent muscular exertions

may produce such a congestion of the lungs, that nothing but a copious hæmoptysis, from the parenchyma of the lungs, (save the intervention of professional aid,) can rescue the patient from danger. Rare instances are given, in which, copious hemorrhage from the lungs resulted from the rupture of a large vessel, by violent muscular effort; and also of abundant hæmoptysis from the parieties of tubercular excavations. Hæmorrhages from the two latter causes, are, however, comparatively rare. "M. Andral believes hæmoptysis to be at once a proof and consequence of pulmonary congestion, a state which he considers necessary to the formation of tubercles; and having also on several occasions found, both in man and in the horse, tubercles deposited in a coagulum of blood in the lungs, he concludes, that in this way the effusion of blood may become an exciting cause."*

Hectic fever is regarded by some as a symptom of Phthisis. In its appearance it is usually tardy and insidious. In a majority of instances it is a part of the sad drama, which deprives the world of so much youthful loveliness, talent, and beauty. In degree, it is by no means uniform, it being more modified by collateral and accidental complications than any other symptom. Gastric and intestinal irritations, and inflammatory affections of the respiratory organs, are the complications which have so much influence in exciting and modifying this fever—an influence which, according to some, is even greater than the tubercular affection.

Hectic, like intermittent fever, has its cold, and hot, and sweating stages, which symptoms usually attend every paroxysm. Its accession is commonly in the afternoon, from which time it continues till midnight, when it terminates in a profuse and exhausting perspiration. These paroxysms usually occur every day; in some cases they recur twice daily.

Instead of a regular hectic paroxysm, we sometimes have only a dry and burning sensation in the palms of the hands, and in the soles of the feet, in some instances confined to the

*Clark's Treatise on Pulmonary Consumption, p. 188.

former, in others to the latter; which is a source of considerable inconvenience. Some consumptive patients are almost constantly troubled with a distressing species of febrile excitation.

J. McM., aged 30, a laborer, of healthy parents, was admitted in the Louisville alms-house, August 15th, 1835. He then had ague and fever, accompanied with cough and dyspnœa. His life had been irregular—rather dissipated. For the last two years he has suffered much from cold, and dyspnœa, prior to which he was rarely troubled in this way. Since his admission his cough has been constant, though treated actively with antimonials, etc. He has had no symptom of hæmoptysis. Bowels exceedingly regular, notwithstanding the liberal employment of opiates, for the cough.

February 15th, 1836. I ascertained by means of the stethescope, the existence of a cavity in the middle lobe of the right lung (which proved to be in the inferior portion of the superior lobe). During his illness he has had, on four or five occasions, copious nocturnal perspirations, and as many as three alvine dejections daily. His perspiration usually possesses an acid odor. On one occasion it commenced about sunrise, was abundant, and continued about two and a half hours. The action of the heart has been remarkably calm and normal, rarely exceeding its natural standard either in force or frequency.

March 28. Respiration principally abdominal. Pectoriloquy in both lobes of left lung. Percussion discovers an evident dullness on the left side of the chest, which we attribute to induration of the left lung. Expectoration, amounting to a pint daily; is purulent, tenacious, pelotonnated. Conceiving his case to be irremediable, I have used palliative remedies only, for the last two months, in the composition of which opium entered largely, and yet his bowels were never so regular.

29. Acute pain in the left side, aggravated by coughing. Expectorated blood several times, twice, as much as ℥ss, pulse 76.

April 2. Pulse 72. Some œdema of the feet.

9. Nine alvine dejections last night. Pulse 96.

12. Expectorated and vomited about three pints of matter last night, which he supposes is from his right lung.

21. Two attacks of hæmoptysis; discharged in each about ℥vj. arterial blood.

May 8. Dyspnœa. For several days has complained of costiveness.

June 2. Died at 6½ o'clock, A. M. Latterly injections were necessary, on several occasions, to obviate costiveness. With two exceptions, his pulse has been uniformly calm, numbering about 72 strokes per minute. On one occasion it exceeded 100. The nocturnal perspirations occurred at such long intervals as rarely to require attention. Had fistula in ano of two or three years standing. Body emaciated to the last degree.

Dissection, six hours after death.

Left Lung.—Adhesions numerous, firm, and extensive in superior lobe. In the inferior lobe they were less numerous, and easily broken up. Traces of recent inflammation co-extensive with its pleural envelope. Both lobes indurated, and intimately adherent in consequence of pleural inflammation. Superior lobe filled with anfractuous cavities, anteriorly superficial. Grey and red induration of the inferior lobe.

Right Lung.—Costal and pulmonic pleura every where adherent. A cavity as large as a hen's egg in the lower portion of the superior lobe. The balance of this lobe filled with tubercles. A part of the middle lobe greenish and indurated. Lower lobe crepitant, gorged with blood, and strown with tubercles.

Stomach, a little enlarged, otherwise healthy.

A blush of redness only in the lower portion of the ilium.

Remarks. This we conceive to be an interesting case, because we regard it as one of acquired consumption: neither of his parents having had any symptoms of Phthisis. It is interesting, because it shows that the lungs may be nearly destroyed, and yet the patient suffer very little from abdominal

derangement. This man had neither nausea nor vomiting; rarely diarrhœa, and usually possessed a good appetite. It is interesting, because of the almost complete absence of hectic fever, and nocturnal perspirations. It is interesting because it shows that three-fourths of the lungs may be rendered useless by the extension of disease, and nevertheless the heart exhibit no evidences of embarrassed action. I met not long since a physician who affirmed that his patient had consumption because her pulse numbered more than a hundred strokes per minute. We know not what he would have said of our patient had he seen him.

One of the most distressing complications of Phthisis is, diarrhœa. Commencing early in the disease, it sometimes continues throughout its whole course. Louis reports but one case in which it was absent. He concludes that diarrhœa is the result of intestinal ulceration, and that it will be more or less obstinate and troublesome, in proportion to the size and number of the ulcers. As these ulcers enlarged and deepened, the subjacent membrane is often hypertrophied apparently to prevent the consequences of perforation.

Diarrhœa, at all times debilitating, is particularly so to one harassed by a continued cough, enervated by protracted disease and sleepless nights, and especially so to one whose lungs are no longer capable of performing their part in the transformation of chyle into blood. It is consequently a matter of the utmost importance to meet promptly the first appearances of this exhausting complication: indeed it is the duty of practitioners to prevent it if possible. For this purpose, the diet of consumptive patients should be restricted to the mildest and most digestible articles of food, and they should be admonished to avoid carefully those indulgencies and irregularities which are calculated to excite abnormal actions in the intestinal canal. Irritation of the mucus membrane of the bowels, when once established, is soon followed by inflammation, ulceration, and consequently diarrhœa, which, in conjunction with extensive pulmonary disease, rapidly exhausts the vigor of the system, and hastens the period of dissolution.

The influence of age, of sex, race, climate, and condition in the development of tuberculous disease is very imperfectly understood. We know quite as little about the influence of occupation and the various modes of living. It is highly important that the profession be well informed in these particulars, and it is to be hoped that no time will be lost in making this enquiry with that care and diligence which the subject so richly merits, and which is so imperatively demanded by the interests of science and the world. The co-operation of numerous observers, at different points, in different climates, embracing every variety of condition and mode of living, is necessary, to furnish satisfactory information on a subject of so much utility,—with which the happiness of the human family is so closely identified.

The period of infancy is by no means exempt from tubercular disease. "Chaussier discovered miliary tubercles in the lungs of a fœtus, which died at birth, and an encysted abscess, or rather vomica, in the lungs of another." "Husson reported to the Paris Academy of Medicine the case of a still-born babe, at the seventh month of pregnancy, which had tubercles in the lungs in a state of suppuration." "M. Lombard believes, that tubercles are present in one-eighth of the children, who die in the Hospital des Enfans Malady, at Paris, between the ages of one and two years." We should, however, remember that "Velpeau and Buschet never observed tubercles in the fatal state, in the course of their observations, and M. Guizot did not find a single example of tuberculous diseases in four hundred new-born children, whom he examined."*

"More than one-fourth $\left\{\frac{27}{100}\right\}$ of those who die, from birth to puberty, are affected with tuberculous disease; yet it causes death in about one-sixth of the cases only."†

*Clark's Treatise on Pulmonary Consumption, p. 130.
†Ibid, p. 134.

The following tables contain all the facts we possess on this subject; though the number is small, they are highly interesting. We take them from Dr. Clark's Treatise already referred to. We are encouraged to hope that when our professional brethren see this paucity of facts, on which we have to make our calculations, that they will resolutely determine to obviate this difficulty. It would require little additional time to note the necessary and interesting facts in each case. Were a few facts contributed, by each physician, the period would soon arrive, when we should have ample materials, on which all our arguments and deductions might rest securely. The day of reasoning and speculation is past. The profession need facts, not speculative theory.

TABLE I.

Age.	Total Deaths.	Tuberculous.	Non-Tuberculous.	Tuberculous in 100 Deaths.
1	2630	not ascer'd.	not ascer'd.	not ascertained.
2	1290	161*	1129*	12*
3	729	292	437	40
4	408	204	204	50
5	263	173	90	66
6	178	130	48	72
7	125	87	38	70
8	99	74	25	75
9	82	52	30	63
10	78	52	26	67
11	77	44	33	57
12	78	47	31	60
13	80	60	20	75
14	84	56	28	66
15	89	47	42	52

* We have not sufficient data to establish the frequency of tubercles during the first two years of life.

Table V.

Showing the mortality from Consumption above the age of fifteen years.

Place of Observation.	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 55	55 to 60	Above60
1. Edinburgh,	6	9	13	8	11	8	6	3	9	4
2. Berlin,	18	28	27	27	39	29	20	32	39	53
3. Nottingham,	42	73	76	46	51	28	20	11	5	6
4. Philadelphia	182	974		875		565		338		258
5. Chester,	15	27		24		22		16		6
6. Carlisle,	15	45		34		31		15		15
7. Paris—Louis	11	39		33		23		12		5
8. do.—Bayle	10	23		23		21		16		4
9. Charleston,		26		24		13		21		3
10. do.—whites		14		17		10		3		3
11. do.—blacks		15		13		9		3		3

These facts show, conclusively, the importance of attending to the physical education of children in the strictest manner.

Hippocrates, the father of medicine, designated the period of life, between the eighteenth and thirty-fifth year, as that in which death from Phthisis is most frequent. The correctness of this observation has been fully established by modern pathologists.

The influence of sex over this disease is not known. According to some authors, more males than females die of Phthisis. Others believe that it is most prevalent among females. Perhaps a majority of authors incline to the latter opinion.

Dr. Morton, of Philadelphia, reports a case (13) in which, notwithstanding extensive tuberculous deposition in both lungs, and a vomica as large as a hen's egg in the superior and posterior portion of the lobe of the left lung, there was none of the usual symptoms of Phthisis. "Louis mentions a case in which there was neither cough nor expectoration, though there was hectic and hæmoptysis: both lungs were tuberculous, and one of them had a cavity."

From our own observation we are induced to believe, that there are a vast number of erroneous notions, in the profession, concerning this disease. Many physicians speak of it so vaguely, that we are convinced they know little or nothing of its real character. The importance of a correct discrimination of this, from other pulmonary affections, must be apparent to all; and the criminality of ignorance in such momentous concerns must be equally obvious. We should bear in mind that Phthisis has no peculiar symptom. Any or all of its usual manifestations may be absent, though the disease be making excavations, and filling the parenchymatory structure of both lungs, with tuberculous matter, such being the case, we cannot too earnestly call the attention of the profession to a subject, fraught with such momentous consequences to society, to science, and to generations yet unborn.

But for the introduction of physical signs and assistances, physicians would now experience the same difficulties, in recognising particular diseases of the chest, which tended so much to embarrass and unsettle our predecessors from the time of Hippocrates. The discovery of percussion by Avenbruggen, is one of the most valuable means of diagnosis, in many diseases, with which our profession has ever been enriched. It renders the diagnosis of diseases, once obscure and difficult, much more easy and certain; and gives, consequently, to the practitioner a power to which he was formerly a stranger. But though our science has been greatly enriched by the introduction of percussion, this means of diagnosis will not compare in importance, with auscultation, which was practically introduced to the notice of the profession, by the immortal Laennec. The utility of this invention can only be appreciated by him who is conversant with its advantages. In many affections of the heart, in Phthisis, in Pleurisy, its agency is indispensable, if an accurate knowledge of the patient's situation is necessary. With the aid of these two diagnostic means, a physician's uncertainty and hesitation, particularly in thoracick diseases, are dispelled with the same facility that the mists of a summer morn are dispelled by

the glorious sun of day. Since their introduction, the accuracy of our science has wonderfully increased, and it must continue to advance till the nature of every species of thoracick affection is perfectly understood. For the following valuable observations, I am indebted to that accurate observer and diligent physician, Dr. Morton, of Philadelphia. His work comprises so much useful information, in a small compass, that that physician will do himself and his patients injustice who fails to read it carefully. The work is worthy of a place in every medical library.

"Clothing.—Human caprice and extravagance are in nothing more remarkably shown than in dress: experience, disease, even death itself, convey unheeded monitions to those who yield an idolatrous homage to fashion. I am aware that on this subject it is almost in vain to expostulate; but if the people have no regard for themselves, they ought at least to indulge some for their offspring, and I submit the following remarks."

"Whenever the surface of the body is kept so cold as to produce uneasiness and distress, the circulation of the blood then is diminished, and the internal and more delicate organs are proportionably overloaded and oppressed. This inequality, in a vital process, cannot be long kept up with impunity: according as it is sudden or repeated, or protracted, it is capable of inducing the most afflictive diseases to which the human frame is liable—rheumatism, catarrh, inflammatory affections of the viscera, scrofula in scrofulous constitutions, consumption in those predisposed to it, etc. In fact, it may be safely asserted, that the integrity of no one of the organic functions is more essential to health than that of the skin: and I am convinced, after much observation, that a large number of the consumptions that occur between the ages of eighteen and thirty years, might have been prevented by a proper attention to dress in childhood. No infatuation is more preposterous than that which is familiarly called the *hardening* of children, by exposing them half clothed, to every vicissitude of temperature, and by subjecting them to injudicious

cold bathing. These practices are peculiarly objectionable in a climate so inconstant as ours: and I have no hesitation in saying, that where one constitution is invigorated by them, twenty are absolutely destroyed.

"What is true of prevention in childhood, is of equal application in the therapeutic treatment of adults. In vain is the use of medicine, or the regulation of diet: in vain are all the other precautions that ingenuity can devise; if the skin is not kept warm, and its healthy secretion maintained by proper attention to the quantity and quality of clothing. As winter approaches, the chest of the invalid should be coated in flannel up to the neck, and the same dress should be extended down the arms to the wrists: and where this material is insufficient to prevent the sensible access of cold, a buckskin vest ought to be worn over it. The body and lower limbs are to be protected in like manner, and particular attention given to the feet; for if the latter are habitually cold, the whole system will participate in the inconvenience."

"It is well known to those who have given attention to this subject, that even Russia, with its intense cold, is a far less consumptive climate than England; and the difference is solely attributable to the Russian custom of keeping their houses warm, clothing themselves in furs, and taking particular care to preserve their feet from cold and damp."*

"In Holland, which is in the same latitude with England, consumption is rare among the native population, and for the very reasons which prove an exemption in Russia."

"I could mention several examples, both in children and adults, in whom the constitution has been suddenly and effectually restored, from a languid and almost hectic condition, to comparatively robust health, by a timely change of dress in the manner above mentioned; and I must, once for all, repeat, that without this precaution, all other measures, whether prophylactic or remedial, will end in disappointment."

"Exercise.—It is obvious from what has been said in the

* Dr. Reid on Consumption, p. 200. The lower classes of people in St. Petersburg suffer much more from Phthisis than the wealthy, owing to the absence of household comforts.

preceding section, that clothing modifies the climate in which we live in a most important manner: thus we may feel the vicissitudes of temperature, or not, according as we expose or protect the surface of the body: for under the latter circumstances, there are but few days in the year in which the lungs, even in this climate, cannot bear the cold of winter without inconvenience. I therefore entirely coincide in the views of my friend and preceptor, Dr. Parrish,* that 'vigorous exercise, and free exposure to the air, are by far the most efficient remedies in pulmonary consumption. It is not, however, that kind of exercise usually prescribed for invalids,—an occasional walk or ride in pleasant weather, with strict confinement in the intervals,—from which much good is to be expected. Daily, and long continued riding on horse-back, or in carriages over rough roads is, perhaps, the best mode of exercise; but when this cannot be commanded, unremitted exertion, of almost any kind in the open air, amounting even to labor, will be highly beneficial. Nor should the weather be scrupulously studied. Though I would not advise a patient to expose himself recklessly to the severest inclemencies of the weather, I would nevertheless warn him against allowing the dread of taking cold, to confine him on every occasion, when the temperature may be low, or the skies overcast." Fatigue should be generally avoided.

By the foregoing translation and remarks, we hope to succeed in calling the special attention of the profession, to a disease, which existed in "nearly one-half" of those who died at the la Charite Hospital,† and in more than a fourth of the children who died before puberty;‡ to disease which spares neither age, sex, race, nor condition; to a disease which causes us to mourn, almost daily, over the early decease of youthful promise and loveliness; to a disease which, alas! often nips the bud of life in childhood's hour, and rings with anguish the parental bosom. If we shall have contributed to the better understanding of the pathology and means of preventing a disease, which numbers among its victims a Bayle

---

*North American Medical and Surgical Journal, for 1829 and 1830.
†Louis. ‡Clarke.

and a Lawrence; if we shall have succeeded in inducing abler minds to inquire into the causes, nature, means of prevention, and treatment of Phthisis; we shall feel amply compensated for our trouble in preparing this article. We feel that the article is imperfect. We regret that it is so. Our hope, however, is, to excite inquiry; to remove erroneous opinions; to prevent the administration of repeated doses of medicine and confinement to hot bed rooms, when the patient should be invigorated by exercise in the open air; and to awaken the minds of all concerned to the consequences of insufficient clothing at every period of life: in childhood, more especially. The infrequency of Phthisis, in the cold climate of Russia, and in Holland, is a fact of no little interest to the profession. The cause should be diligently inquired into; and if it be found to be referable to peculiarity of dress, or that insufficiency of clothing materially assists in the origination of Phthisis, then, indeed, may we rejoice, that a disease, "styled the opprobrium of physic," is entirely managable, provided, those concerned heed the monitions of enlightened pathology.

ART. II.—CASES OF PECTORAL DISEASE. By O. M. HERRON, M.D., *House Surgeon of the Commercial Hospital of Ohio.*

Samuel C. B., blacksmith, native of Ohio, aged 21, was admitted January 21, 1836, with a large abscess, on the right breast, a little below the nipple. He said that ten days previous to this he had suffered slightly from a pain in the region now occupied by the abscess. The tumor was large and occupied nearly the whole field of the pectoralis major muscle. Extreme tenderness along the inferior part of the neck on the right side, and from thence to the point of the shoulder. Nearly perfect paralysis of the right arm. Tongue very light and parboild in the centre and red at the margin; bowels constipated. Pulse 100: small, quick, cordid. Skin dry and feverish. The tumor was opened and discharged three pints

of healthy looking pus, with immediate relief to the patient. A tight bandage and alterative medicines were used, and on the following day a weak solution of nitric acid was injected into the cavity of the abscess and repeated once a day. Quinan sul. gr. ij. every three hours.

January 29th.—Breast still suppurates considerably. The above treatment continued.

February 3d.—At irregular intervals he has paroxysms of coughing. The suppuration from the abscess is becoming extremely forbid. Towards evening the countenance is flushed, and the pulse wiry and quick. Tongue clean; bowels regular. Medicines continued. Adhesions of the parieties of the abscess have formed, so that the original dimensions are diminished to less than half. The whole region occupied by the abscess at first, is extremely tender. The costal cartileges are carious, but the piobe is not admitted into the cavity o the thorax. Slight cough, which produces great pain in the part effected. We injected the abscess with soap suds and water in order to clear the remaining cavity of all vitiated secretion, and *then* used the solution of nitric acid, or myrrh, as before.

23.—Cough much diminished. Great tenderness over the region of the lower part of the scaleni muscles, but no intumescence nor inflammation.

28.—The discharge from the abscess diminished considerably. Bowels rather lax, with evacuations of a thin and light yellow color. Tenderness at the origin of the scaleni muscles as great as ever. Oedema over the lower third of the sternum, with acute pain, upon pressure being made. Tongue slightly coated and somewhat hypertrophoid. The febrile hectic exacerbation visits him every evening, flushing the cheek with a crimson hue, which, in the morning, is pale. No night sweats. Pulse (at 5 P. M.) 102; quick, not *very* small, rather soft. ℞ hyd. sub. mer. gr. iij., ex. conii. macutali gr. ij. G. opii., gr. ¼ ter. die. Emplastrum cortes Peruvian.

April 10.—The part mentioned above, at the lower portion of the scaleni, has become tumefied; the puffiness passes over the clavicle and extends considerably below it. The inter-

mescence is considerably increased when he takes the recumbent posture. This abscess, which did not communicate with the old one, discharged about a gill of bloody pus. Change of posture had no effect, either in promoting or diminishing the discharge from the abscess. The surface, at the part occupied by the old abscess, and which is not by the new, has ceased to be tender. All that part of the right thorax from the region of the first abscess to the top is greatly enlarged; the measure from the spine to the sternum on a line with the right mamma being two inches more than that of the left.

April 15.—The tenderness over the whole region is much diminished. Cough slight. Tongue clean. Skin moist. Tonics and wine. Moxa along the right side of the spine. The moxa produced pretty good ulcers, which were kept open for some time. The injections, wine and tonics, are continued. The discharge from the abscess gradually diminished, and his general health slowly recruited, until he was considered able to travel by the river and canal to his father's who had long been anxious for his return home. At the time of leaving, he was considerably emaciated; skin fair and transarent; conjunctiva of pearly whiteness. Tongue clear, and rather indicative of chronic gastritis. No improvement in the shape of the thorax. No expectoration since his admission.

Case 2.—John C., a butcher, a native of Germany, and aged 24, was admitted 27th May, with a running abscess in the right breast; the orifice was on the lower part of the mamma. He said, that nine weeks before his admission he had a slight attack of common catarrh, but that this soon passed off. That about this time a tumor commenced upon his right breast, unattended by any pain or soreness whatever,—even when pressure was made upon it:—that this gradually increased for several weeks, was then opened and discharged about a tea-cupful of matter. That there had not been, from the commencement, the least redness, nor any other discoloration of the skin. The orifice had kept open and a considerable discharge had continued up to the time of

his admission. He is not as yet (24th June) much emaciated; on the contrary, rather full and muscular. Features of the face obtuse. Complexion sallow. Tongue tumid and light colored. The same treatment was pursued as in the last mentioned case. He was not afflicted with cough at any time after his admission. For a short time his bowels were somewhat constipated, but alteratives of hydrag. massan cum. pulv. ipecacuanha compos., soon corrected this. A short time previous to the termination of the case, a diarrhœa, supervened, which, however, was checked with the treatment ordinarily pursued in such cases. At his first entering the hospital, the fœtor from the purulent discharge was considerable, and increased so that it became necessary to remove him to a private room. A free opening was early made, for the discharge of matter, and the cartilages were found denuded and ulcerated. For a day or two at a time, the discharge would almost cease, but then return again as bad as ever. These alternations continued without the supervention of any other appearances worthy of notice until he died.

The thorax and abdomen were opened in the presence of several medical students. The right cavity of the thorax contained nearly three pints of what is called healthy looking pus. The costal cartilages were ulcerated (as was observed before) in three different places, and there were two openings from the cavity of the thorax into that of the abscess: one about the size of a six cent piece, and the other about one-third that size. The ulcerations of the cartilages were upon the side next the abscess, (external,) and were covered by a black secretion. There was not a vestage of pulmonary tissue in the right cavity of the thorax, and the pleura, which was greatly thickened, was coated internally by a spongy membrane, covered by numerous papillar upon the thoracic side. This adventitious membrane covered the stumps of the bronchial tubes—not a particle of those tubes even penetrated the cavity—and rendered them impervious. The upper lobe of the left lung was atrophoid and corrugated.

The inferior one healthy. The pericardium contained about three ounces of yellowish serum. The heart was a little hypertrophied, of a light straw color, and exceedingly softened, so much so as to be easily torn with the fingers; the parieties were of the ordinary thickness. The abdominal viscera, including the mucus membrane of the alimentary canal presented no diseased appearances of recent date. The color had traces of an old diarrhœa.

Case 3.—Custis was admitted on the —day of June, 1836. He is a native of Germany, was raised until a few years past on the banks of the river Rhine. Before leaving his native country, he suffered from ascites. At the time of his admission there was no prominent ailment of a serious or painful character. General debility induced the necessity of his coming into the house. He is rather tall and masculine, hair light, eyes grey, conjunctiva pearly, forehead prominent, skin transparent, complexion a light sallow. Considerable enfiltration of the cellular tissue beneath the chin, so as to form a sack somewhat pendulous. The cellular tissue over the anterior part of the abdomen and chest is also considerably distended with what appears, more than any thing else, like their adipose matter. The cuticle of the abdomen has that cicatrised and corrugated appearance so remarkable in females who have borne many children and neglected to maintain a tight bandage for a sufficient time afterwards. There is immense distention of the cellular tissue over the abdomen. Upon making considerable pressure, a trifling tenderness was found over the cartilage of the sixth rib. Tongue rather light colored, a little tumid, pulse natural, skin moist enough. A few hydragogue cathartics were given at first, but found inadmissible on account of the too long continued irritation of the alimentary canal, which they reduced, after resorting to several diuretics and diaphoroetics without benefit he was directed to take the solution of hydriodate of potash. In about ten days a slight elevation commenced over the fifth, sixth, and seventh costal cartilages, and near the sternum. In six or seven days, this had become a considerable tumor, and

when opened, discharged a sanious and floculent pus. Upon the first appearance of this elevation, frigorific applications were made, but failed to repress it. After its contents were discharged it disappeared, and the orifice healed kindly. In about a fortnight another intumescence, precisely similar, made its appearance, a little to the right of the first, and occupying a part of the sternum—in both, the skin continued perfectly unchanged in color, and scarcely any pain was produced, even when pressure was made upon the part. Over the last one a constant irritation has been kept up on the skin, with Brodie's liniment, and it has vanished. The patient has not been troubled with cough at any time since his admission.

Post mortem of case 4. July 25.

Brig. C., age 26, laborer, died yesterday. He was admitted, in the first place, about two months ago, with some general debility, moderate diarrhœa and cough, attended with pain in the right breast. By the use of the ordinary internal and external remedies, his general health was improved and the distress in his breast greatly mitigated. But being anxious to visit his friends, who reside at no great distance, he was permitted to depart. About a week ago he returned with the symptoms of pectoral disease, aggravated in a high degree. Tongue coated with yellow fur; cough severe, with pain in the right side. Breath excessively fœtid, and the expectoration equally so. Stomach irritable. Considerably emaciated. Eyes sunken and conjunctiva white. The expectoration was extremely profuse in the mornings.

Inspection. Left lung nearly healthy; some cicatrices at the apex, but no tubercles. Right lung extensively adherent to the costal pleura, with an immense phagedenic abscess occupying nearly the whole of the superior lobe, and containing a small quantity of dark greenish pus, of the most offensive odor imaginable. The cyst of the abscess was irregular and ragged and the contiguous lung indurated, and of a dark red hue. Heart pale, hypertrophied, and *greatly softened*. Liver somewhat enlarged and blanched, inferior surface of the lobes extremely black. Spleen.—Conv ex surface mottled, a little hypertro-

phied, and the inferior half of a redish purple color; the discoloration, from a very light blue, commencing abruptly at a transverse line near the centre. Omentum a filament. Glands of the messentary undurated and slightly enlarged. Gall bladder atrophied, and containing about two drachms of light colored bile. Bowels.—The vessels were considerably injected along the jegunum and ilium, and the color at two or three places greatly constringed. The mucus membrane of the stomach presented no appreciable lesion, in the duodenum, the glands of Brunner (glandula solitaria) appeared healthy. In the ilium, the mucus membrane was softened, the glands unulcerated. There was ulceration of the mucus membrane of the colon at the constringed points.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

Article. III. — Principles of Pathology and Practice of Physic.

Principles of Pathology and Practice of Physic.—By John Mackintosh, M. D., lecturer on the Practice of Physic in Edinburgh, from the last London edition, with notes and additions by Samuel George Morton, M. D., etc., etc. Two volumes, pp. 462 and 509. Key and Biddle, Phil. 1836.

This is the third edition of this valuable work, which has been variously amended by the author, since the first edition was issued from the press. Dr. Morton is known to our readers as a cultivated, industrious and useful medical writer. The contributions of his pen to the present work are characterized by research, and sedateness of reflection, and are useful additions to the original matter. Our object in the present instance will be to present an analysis of the work, occasionally offering suggestions of our own, either to elucidate the text, or to make kown our own views on points in which we may differ from the author, or American editor.

PART 1.—General History of Inflammation and Fevers, with the Pathology and Treatment of Individual Fevers.

"*Chapter* 1.—Of Inflammation." Under this head the author discusses the general doctrines, causes, phenomena, and effects of inflammation. He has traversed rapidly the often trodden ground of former opinions, once so celebrated, entertained on this point, and then advances his own particular views. The latter we shall give the reader in the author's own words.

"It appears to me, that the view taken by Mr. Syme, in an essay on inflammation, (Edinburgh Medical and Surgical Journal, vol. 30, p. 316) is the most philosophical. He thinks that too much attention has been directed to the obvious signs of inflammation, viz: redness, heat, swelling and pain, and too little bestowed on the *altered functions of the part.* Mr. Syme justly thinks that if this remarkable character of inflammation had been kept in mind, pathologists would hardly have spent so much labor in disputing about contraction and dilatation of the vessels, since it is obvious, that mere difference of capacity, though it might, to a certain extent, account for the redness and swelling, could never enable us to explain the alteration of function, any more than a knowledge of the size of capillary vessels could instruct us as to the mode in which their secretions, etc., are performed in health. And he maintains that redness and swelling ought to be secondary considerations in the investigation of the inflammatory state, in comparison with the grand distinguishing character of altered functions."

"Three points seem to have been much overlooked by writers on inflammation. First, The influence of the nervous system. Secondly, The changes in the qualities of the blood itself; and, Thirdly, The disordered functions of the capillaries. I have performed experiments on horses, which prove most satisfactorily the influence which the nerves have, even in chronic inflammation. It is well known that these animals are very liable to inflammation in the foot, from different causes; and I have seen horses who had been lame for

months, cured by dividing the nerves above the fetlock joint; the effect being sometimes instantaneous, and occasionally permanent."

"With regard to the second point, there can be no doubt that the blood in the part affected becomes diseased; the red particles cease to be observed, and the blood assumes a flocculent appearance, becoming darker and darker, and the vessels become in some degree obstructed. It is not improbable that this change on the blood may be found to depend partly, if not principally, upon the cessation of nutrition and exhalation, and at the same time a stop being put to the conversion of arterial into venous blood."

"The essence of inflammation, partly consists in more blood entering by the arteries than can escape by the veins, or than can be made use of when the part is in a state of health, when its functions are actively performed; the consequence is an accumulation of blood, or congestion and effusion from partial obstruction; and it is, I imagine, this degree of obstruction which produces the throbbing. The vessels of the inflamed part are greatly dilated, and the number which contains red blood is greatly increased."

"It must be confessed, that in inflammation there is much undiscovered. Physiologists have to settle several disputed points in the doctrines of the circulation; and anatomists have to discover a great deal regarding the anatomy and physiology of the nervous system, before pathologists can be expected to advance their part of the science of medicine in any remarkable degree." p. 14–15. We perfectly coincide with the author in his declaration of the ambiguities which yet environ the subject of inflammation. There seems to be a disposition in the medical world to regard inflammation in too arbitrary and abstract a manner—as a simple augmented condition of action in the parts affected, instead of viewing it as series of morbid processes going on in the nervous and vascular portions of the organism. Inflammation is not a single or simple act of the vascular apparatus of the part affected with heat, pain, redness and tumefaction, but it is essentially

constituted of several distinct consecutive acts. 1st. There is a state of incubation—or the forming stage—one of modified sensibility and irritability; 2dly. There is active congestion—or accumulation of blood; and 3dly, There is altered conditions of the blood itself—Such as a breaking down of the red globules, interstitial deposit, and effusion of coagulable lymph. The able works of Gendrim and Kaltenbrunner have well enforced and illustrated this very important topic of medical investigation. To them we would refer for a more detailed elucidation of this question. We proceed to give additional extracts from our author.

"Phenomenon of Inflammation.—External inflammation is characterized by redness, swelling heat, and pain. All these, taken together, leave no doubt as to the existence of inflammation. In this respect, surgeons have the advantage of physicians. They can see and feel the part affected, in addition to the power of judging from constitutional symptoms, and the account the patient gives of his own sensation. Whereas, in physic, we have greater difficulties to encounter in forming a diagnosis. We observe local and constitutional symptoms also; but it does not always follow, because there are dyspnœa and fever, that the lungs are inflamed; the disease may be inflammation of the pericardium. There may be violent vomiting, tenderness in the epigastrium, thirst, with more or less fever, while the disease is in the head. There may be some local and constitutional disturbance, without the existence of the slightest degree of inflammation, merely from a neuralgic affection of some tissue or organ, or from impeded function of some viscus. During life we cannot see the state of internal organs to ascertain whether they are red and swollen; and a sensation of heat, pain, and fever may exist without the least inflammatory action. It will be proved in a subsequent part of this work, that the pulse cannot be depended on. With respect to buffy blood, it may exist without actual inflammation; and, in inflammatory complaints, the blood does not always yield it. The shape of the dish modifies this appearance, so does the manner in which the blood

flows from the vein. Mental agitation and fatigue produce the buffy coat. Sometimes it does not appear on the blood till the patient has been largely and repeatedly bled. I am inclined to place considerable dependence, however, on the buffy blood, *taken in connection with other circumstances*, particularly when the surface is also concave, or "cupped," as it has been termed, and when the quantity of serum is proportionably large.

"It has often occurred to me to see dissections where great destruction of vital organs had taken place from inflammation, and yet there had been little or no pain complained of during life. Nay, I have seen instances of inflammation of the pleura to such a degree as to occasion death, where the symptoms were too slight to direct the medical attendants to the true seat of the disease.

"I feel convinced that no pathological physician will join Dr. Gregory, a modern writer on the practice of physic, in the following curious dogmas: *Delirium marks inflammation of the brain; impatience of light, opthalmia; hoarseness, inflammation of the larynx; and dyspnœa, that of the lungs.* The practice of physic would indeed be simple and certain, were these things true. The uncertainty of the pulse has been already mentioned. Inflammation may be going on towards a fatal termination in an important organ, without any febrile movement. This was noticed long ago by Morgagni, Valsalva, and others; and it led them too hastily to conclude, that mortification of internal organs occasionally took place without the previous existence of inflammatory action." p. 21.

We have presented the reader in the above extracts a condensed view of the author's views on this very important point. A perspicuous and practical conception of this most interesting pathological question is of vital consequencee to the scientific physician. The separate consideration of various inflammatory diseases will come up for our inquiry in the further analysis of the work.

The next general point treated of by the author is fever, the history of its general doctrines being first considered.

After a brief examination of the once illustrious and popular theories of Galen, and Boerhave, the author criticises with some minuteness of remark, the opinions of Cullen on this point. We need not quote his reflections on this eminent teacher's doctrine of fever—there has been an immense accumulation of critical annotation on this head since the days of that erratic "son of genius and misfortune," Brown, to this period. Brown Darwin, and Lutterbuck are succinctly noticed—Broussais receives a commendatory, although, superficial reference from the author, but an expanded and luminous exposition of his peculiar febrile pathology is given by the American editor. The editor enters upon a rather protracted analysis of the laws of irritation, as taught in the physiological school, after which he proceeds to consider Broussais' theory of fever, founded upon them. "According to this hypothesis, all fevers owe their origin to a local irritation or inflammation, by the reaction of which upon the other organs, through the medium of the sympathies, that group of phenomena is produced which is called febrile disturbance. All that class of fevers commonly termed idiopathic, together with certain forms of traumatic fever are attributed to an inflammatory condition of the mucus membrane of the stomach and bowels, and are therefore denominated *gastro enterites*." Boisseau, an ardent admirer and zealous follower of Broussais in some of the great outlines of his scheme of explanation, withholds his assent from the proposition that all fevers originate from local irritation of the stomach and bowels, though he stremuously urges that they arise from some point of inflammatory action. The following sentences contain the authors views. "First, Fevers may depend on inflammation of an acute, but more frequently of a subacute nature of some organ or tissue of the body. If the inflammation be acute, the febrile symptoms will be correspondently high; but if subacute, they will assume a slighter form.

Secondly. Fevers very often depend upon mere functional derangement of some organ, having as yet no connexion with inflammation.

Thirdly. Fevers sometimes depend on the mere loss of balance in the circulation producing local congestions; fevers arising from these last two causes are generally called idiopathic.

"My ideas of fever may be summed up in the words of Dr. Fordyce, one of the best and most original writers upon the subject. A fever, says he, is a disease that affects the whole system, affects the head, the trunk of the body, and the extremities; it affects the circulation, the absorption and the nervous system; it affects the skin, the muscular fibres and the membranes; it affects the body, and affects likewise the mind. It is, therefore, a disease of the whole system in every kind of sense. *It does not, however, affect the various parts of the system uniformly and equally; but, on the contrary, sometimes one part is much affected in proportion to the affection of another part.* Dissertation on simple fever, part 1, p. 27."

"Division of Fevers."—The following arrangement of fevers the author gives as his own, in preference to any other.

1st. Intermittent fever.

2d. Remittent or yellow fever; infantile remittent.

3d. Continued fever, subdivided into four orders, viz. Fever from functional derangement—from inflammation—from congestion. A mixed form of fever between these three last, but in which congestion predominates, commonly denominated typhus or synochus. 4th. Hectic fever. 5th. Fevers attended with eruptions, subdivided as follows: Scarlet fever, measles, small pox, modified chicken pox, miliary fever, roseola, urticaria. 6th. The Plague." p. 56.

"General description of the phenomena of fevers."—The author reiterates the common observation in reference to the want of a true pathognomonic symptom in fever. We conceive fever to be a sort of epitome of disease—for in a legitimate seizure of idiopathic fever every organ and function

of the body is liable to be affected by the disturbing presence of the febrile action. Hence the impracticability of detaching any one symptom from the concatenated train of phenomena, and of making that symptom peculiar and characteristic of the morbid action. The manifestations of the febrile state vary every day in the course of the disease. The accession of fever may be marked by a chill, or there may be a total absence of chilliness; the increase of the fever may be gradual, or rapid—its declensions may be denoted by the breaking out of a profuse perspiration—or there may be no such secretory eruption—and the last stage—that of collapse—may likewise vary in its mode of accession.

In fever the functions of every organ are more or less disturbed, so that there is the best proof of a universal disorder, and the appearances so frequently seen on dissection warrant this inference. True it is, that we now and then, on examining the body of an individual, find no decided morbid appearance. This is by no means peculiar to the practice of physic; for, in that of surgery, people sometimes die of capital operations, where there has been no loss of blood, and no organic lesion found upon dissection, to explain the cause of death. They are said to die from the shock; by which term I understand that the principal functions of the body become suddenly impeded to such a degree that life can be no longer carried on. In the same way, in fevers, individuals die before any alteration of structure has taken place; from peculiarity of constitution, they cannot stand the shock produced by the embarrassment of so many organs in the performance of their functions; and farther, many individuals cannot bear the remedies which have been thought necessary for the subduction (subdual) of the disease. p. 58.

The author divides continued fever into several varieties—such as, fever from functional derangement—inflammatory fever—conjestive or *fievres intermittentes pernicienses*, which occurs in Rome and other places, where intermittents prevail, the pathological elucidation of which has been so fully pointed out by M. Bailly, a mixed form of fever—synochus at the

commencement terminating in typhus—both of which terms, he conceives, to be objectionable.

In our mode of viewing this interesting subject all the above distinctions are mere theoretical refinements, as far as the true pathological identity of fever is concerned. We regard fever as, at its origin, to be a functional disease; originating in a disturbed state of the nervous system—which rapidly passes on to a condition of morbid action in the secretory organs, and this functional disturbance brings on vascular irregularity, which often terminates in local inflammation. It is very clear that we find many patients laboring under both topical inflammation, and simple functional disturbance who have no regular seizure of fever. There seems another element of the disease wanting, or rather we should say, there seems a total absence of the seminal principle of febrile movement—the modification which the sensibility and irritability of the system has undergone—termed by recent authors of high reputation in the profession—the state of incubation of the disease.

"Causes of Fever."—The causes of fever are marsh, miasm, contagion from human effluvia, and epidemic influence. These causes, together with cold, fear, etc., are called in medical language remote; but I shall continue to employ the terms common and specific. Cullen resolves all remote causes into sedative, in order to support his dogma of debility, etc. Again the author remarks on this point. No one who has attended to this subject can deny the influence of contagion, and the air of marshes, on the human body; but I conceive that too much has been attributed to them, too little to the previous state of the constitution, and also by far too little to the common causes of fever, and to internal irritations." p. 62.

The author considers that contagion rarely operates in the production of fever if the person exposed to its agency, "is in a good state of body and mind. Dr. Gregory used facetiously to assert that contagion might lie frozen for any length of time, and resume its virulence upon being thawed. The Dr.

stated, that he must have been exposed to the influence of contagion some 20 or 30,000 times, without affecting him once."

From personal observation, during a residence in a marshy district, the author has derived the following facts—1st. That women were less liable to the disease than men—blacks than whites—the sober than dissipated men; "and that agues were most prevalent at new and full moon."

The comparative immunity enjoyed by females arises from their domestic habits—their greater regularity of life, and more temperate mode of living. The same obtains in reference to blacks, besides a difference of constitution, which is influential in their favor.

"Moisture, alone, has a great effect in producing disease, and its influence is speedily observed on the mind as well as the body. But moisture alone will not produce intermittent fever: the influence of excessive heat must be superadded, and then there is a rapid evaporation from the earth's surface."

"It will be seen that it is not my intention to deny the existence of some invisible substance suspended in, or mixed with the air of the atmosphere, and which may produce intermittent fever. A fact may be mentioned on this side of the question, which must carry considerable weight with it. It has occurred to me, to see a good deal of intermittent fever in situations far remote from marshes, but in every one instance the individuals had been at some period of their lives in marshy districts; yet it is certainly very strange, that some of them never had a paroxysm during the period of their residence in these places, and not till months, and in some instances, years had elapsed." p. 65.

The author believes that intermittent fever is never contagious; but is of opinion that yellow fever, and that fever which has been termed typhus, in England, "are so, under particular circumstances, in a very high degree." Observation and experience, however, have induced him to conclude that this cause of fever has been very much overrated. We

entirely coincide with this last declaration, and are very confident that our author has, with all his reservation on the subject, violated the spirit of a just philosophy in attributing contagiousness in any degree, to either yellow fever, or typhus.

There are very few physicians in the United States who admit the correctness of the author's opinion concerning the contagious property of yellow fever. This question has been put to rest by the elaborate inquiries of the learned Dr. Ch's Caldwell—whose investigations on this interesting question have most triumphantly settled the point. Dr. Rush, with that candor and magnanimity which ever guided him in his noble and illustrious career, has acknowledged his indebtedness to Dr. Caldwell on this subject. Since the removal of the great reformer of American Medicine from his earthly labors to the high rewards of a future state, Professor Caldwell has communicated additional reflections on the question, and other American and European writers have likewise successfully cultivated this part of the great field of medicine.

In speaking of critical days, our author remarks, "Pathagoras first started an opinion respecting critical days, and he had an unlimited belief in the occult powers of certain numbers. Hippocrates seems to have entertained similar opinions, and it is an essential part of the old doctrines of concoction, according to which it was supposed that a separation of the morbific matter had a tendency to take place on one of the critical days, by a discharge from the skin, bowels, kidneys, or blood vessels.

"I have no belief in the influence of critical days, although I admit that the crisis frequently takes place in some of the ways mentioned." "From the time of Hippocrates, it has generally been believed that fevers had a tendency to remit on the 3d, 5th, 7th, 9th, 11th, 14th, 17th, 20th days, and even on the 21st. Many modern physicians have adopted this doctrine; but I doubt much whether it has not proved more injurious than beneficial in the treatment of disease. Often may the physician be seen prescribing a placebo, because the critical day is at hand, when they ought to be actively employed

in eradicating the disease. When attending to this point I have often found the calculations made erroneously; and not unfrequently I have seen physicians disagree as to which was the critical day—one calculating from the period when the rigor took place—another from the period when the heat of skin occurred—and I have seen a third calculation made from the time when the patient confined himself to bed." p. 75.

"But it is of little importance whether the doctrine of critical days be true or false, if the physician acts wisely, and neglects nothing which can tend to reduce the diseased action." p. 76.

"Intermittent Fever."—Under this head we find little that is either novel, or very important, till the author discusses the treatment. The cases of pathological anatomy, extracted from Mr. Bailly's work, entitled, Traite' Anatomico-Pathologique des Fievres Intermittentes, Simples et Pernicieuses, published in 1825, have but little inherent weight. They only prove that intermittent fevers occurring in Rome and its unhealthy vicinty, wore, very often, an aspect of great malignancy, and that persons dying of an attack of ague were found affected with inflammation of the brain, or other vital organs. Such complications may occur without proving that there is in intermittent fever, the constant presence of topical inflammation. We have known patients affected for months with ague and fever, who were in the enjoyment of a good appetite and digestion on the intermediate days, and were capable of a vigorous discharge of the functions of life, in the absence of the paroxysm. Such facts clearly demonstrate that intermittents do not owe their existence in the system to local inflammation, however confidently Broussais and his disciples may urge this view upon the profession. In his discussion of the pathology of intermittents, the author advances nothing new, but merely reiterates the belief that congestion is the cause of all the morbid phenomena—how the congestion is brought about, he pretends not to determine, but says, "perhaps the first link in the chain of morbid action may be

in the nervous system; there is decided evidence of its being involved from the beginning to the termination of the disease. But as there is nothing to guide us in the investigation, I shall not enter into it." But, contrary to the above, we conceive that there is as much to guide us in our observation of the phenomena as springing, in the estimate we form of their primordial link, from a disturbed state of the nervous system, as from the rather mechanical notion of their origination from congestion. A simple state of retrocession of blood from the vessels of the surface, as may be induced at any time by the cold bath, will not generate the subsequent phenomena of an intermittent. The prior morbid state of the nervous system, is the plastic element at work, in an attack of genuine intermittent; which element of abnormal action reveals its presence and activity by the subsequent symptoms which consecutively flow from it in the development of the seizure. Mr. Brachet grounds his theory of intermittent upon the peculiar views which he takes of the offices and connexions of the two nervous systems, the cerebro-spinal and ganglionic, the primary lesion being in their derangement to the exclusion of irritation, as understood by the physiological school.

As our author entertains some peculiar views of great practical weight upon the great point of the best method of treating intermittents we will let him speak for himself.

"*Treatment of the cold stage.* Bleeding in the cold stage will, in a great majority of instances, cut it short; in fact it will rarely fail in stopping the existing paroxysm, and on many occasions it has prevented a return of the disease to which the patients had been long subject, and by which they were nearly worn out. It is difficult to determine what quantity of blood it will be necessary to draw in any given case; sometimes it requires twenty-four ounces; I have known three ounces suffice, and, in one case, an ounce and a half produced the full effect. The larger the orifice in the vein is made, the greater is the chance of arresting the disease at a small expense of blood: but in many cases, the operation

is attended with considerable difficulty, from the convulsive tremors which affect the whole body. I was once successful in arresting the disease by bleeding, in a cold stage which had continued twenty-four hours; but I regard this as an extreme case. The blood sometimes only trickles down the arm, and as the system is relieved, the stream becomes larger and stronger, till at last it springs from the orifice, and frequently before six ounces are taken, the patient will express relief from violent pain in the head and loins, and it will soon be observed that he breathes more freely. The tremors become slighter and slighter, and, by the time a few more ounces are abstracted, they will cease altogether, and with them will vanish the painful sensation of cold. The pulse will be found stronger, and a gentle moisture will be observed on the body. If the patient be properly managed with respect to bed clothes, neither hot nor sweating stage will in general follow."

The author quotes thirty-two cases in which bleeding in the cold stage was eminently beneficial. He answers several objections which have been urged against the remedy, and in conclusion of his recommendation of venesection, says, "I wish to impress upon the minds of my readers, that by venesection in the cold stage of intermittents, we stand upon vantage ground, by affording our patients the benefits of the following circumstances.

1st. The injury which in many cases results from the continuance of the venous engorgement, which so constantly leads to organic diseases, is avoided.

2d. The danger proceeding either from the want of sufficient reaction, or from its excess, is also avoided.

3d. The practice prevents debility in a direct manner, by saving the vital fluid.

4th. The chance of a return of the paroxysm is diminished, or if it should recur, the force of the attack will, in general, be weakened; and in that case a most important point will be gained, by affording an opportunity for the administration of other remedies, as bark or arsenic, which might previously have been exhibited in vain.

5th. Experience has also taught me, that bleeding in the cold stage is far more efficacious than bleeding during the hot stage, or in the intervals." p. 126.

Our author has rather, we think, fallaciously urged the propriety of venesection in the cold stage of intermittent fever by the statement of what he terms "a curious and interesting fact"—"that some Persian physicians apply ice to the surface of the body in the cold stage of intermittents, and it is reported with good effect." This is a sad method of proving the judiciousness of any plan of practice—we look upon such loose reasoning, and unprecise proofs, with sorrowful feelings of doubt respecting the whole grounds of discussion. In candor we must state that we have never given the remedy, so highly commended by the author, a trial at all commensurate to the importance attached to it by him. The lancet has been used by us in the hot stage, and during the interval, with results of the most unequivocal advantage. But as a remedy in the cold stage, very seldom have we ventured on its employment.

Dr. Mackintosh seems to have drawn his experience of its benefits from the trial of the remedy on patients of a robust constitution—generally, soldiers. But in debilitated frames we would most religiously eschew the experiment—preferring safety to novelty of practice in such cases.

The judicious interference of the lancet, in patients of a vigorous constitution, during the interval of the paroxysms, often arrests the intermittent without the further exhibition of quinine—or facilitates the cure under the administration of that excellent antiperiodic tonic.

There are no additional reflections of the author under the head of intermittent that demand notice. There is an obvious incompleteness in his consideration of intermittents from the omission of the best modes of treating the complicated cases, which are of frequent occurrence, in which there exists some visceral lesion, with the protracted continuance of the ague. Besides, there is no reference to these several varieties of intermittent, which we often see in malarian districts; such as the misplaced, the malignant, or comatose, etc.

"Malignant Remittent or Yellow Fever." This is a disease of warm climates, "the milder forms of which depend upon general functional derangement, which runs more quickly into disease of structure than is observed in the fevers of this country. Remittent fever has a very wide range of character; modifications of the complaint occur without end, according to the organ or organs affected, the character of that affection, the constitution and habits of the patient, and the locality of his place of residence. In its severest form, the viscera of the three great cavities are implicated from the first onset of the disease, and there is no complaint in which the appearance on dissection may be so truly predicted." p. 134.

The author coincides with Rush, Johnson, and other high authorities in regarding yellow fever as a more intense form of bilious remittent. The appearances on dissection are analogous, and the most successful mode of treatment is the same in both. Copious detractions of blood are our main dependence in yellow fever, which destroys life very rapidly by inflammation of either the brain, stomach, intestines, liver, spleen, etc., or sometimes by the coincident structural lesion of several of the vital organs. The author condemns emetics and drastic purgatives in yellow fever—and observes in reference to cold affusion, that after the publication of Dr. Currie's work, it became a popular remedy in remittent fevers, "but much mischief followed, and it has fallen into disuse." "The application of blisters, and other counter irritants are highly serviceable after bleeding, etc., but should never be had recourse to in this, or any other fever, in the early stage of the disease." Stimulants of course, with bark and kindred remedies, are decidedly contra indicated. The bowels must be kept freely open by calomel, in moderate doses, aided by castor oil, and other mild cathartic remedies.

"Infantile Remittent."—"Many diseases which occur in infancy and childhood have obtained this name, viz: inflammation of the brain and lungs, the irritation fever produced by teething and worms, rheumatic affections, etc.; in all of which, and even in cerebral and pulmonary inflammations,

there are very remarkable remissions in young subjects. But the disease which is to be considered in this section is a febrile affection, which is in general found to depend on irritation, inflammation, or ulceration of the mucous membrane of the stomach and bowels."

The symptoms, as detailed by the author, which mark the presence of infantile remittent are thirst; fretfulness, heat of the skin; hurried breathing; restlessness at night; fetid alvine discharges; or constipation, "the child cries frequently, and draws its knees up to the breast—it cries more when the belly is touched, which is hotter than the rest of the body, and tympanitic." Cold water is eagerly drank, but after a copious draught abdominal pain is induced—the stomach is irritable, and the tongue is occasionally red round its edges; and the hands and feet apt to become cold, whilst the rest of the body is parched, and the face flushed. If the fever continues a few days the brain becomes disturbed in its functional powers—but it is difficult to determine whether or not structural disease has arisen in either the substance or investments of the encephalon. Respiration may be seriously affected in this fever from inflammation of the bronchial membrane. If the fever, in a subdued form, persists a week or two, dropsical effusion may supervene upon the irritation of the abdominal viscera.

Appearances on dissection reveal to us the chief traces of the disease to be abdominal. Sometimes peritoneal inflammation, from an extension of the ulceration from the mucus coat of the intestinal tube to the peritoneum, through the muscular and mucus tissues. The mesenteric glands are found enlarged, and filled with a cheesy looking matter, which, without good foundation, is looked upon generally, as the result of scrofulous inflammation." On cutting into the stomach and bowels, the mucus membrane will be found in various conditions, occasionally very vascular, thickened, softened, or ulcerated.

In the head, effusion in the ventricles, and also between the arachnoid and pia mater, with great vascularity of the latter

membrane, are often discovered. In the thorax occasionally are seen evident traces of morbid vascularity in the bronchial lining; the lungs at times being diseased.

It is not an easy matter to discriminate infantile remittent from hydrocephalus internus merely by the symptomatology. We have known instances in which infantile remittent fever was treated for dropsy of the brain. Nor is it less a matter of difficulty in diagnosis to decide between the hydrencephaloid affection, resulting from exhaustion, brought on by purgation and genuine remittent fever. The history of the complaint, with a wary and skilful review of the therapeutical means employed, may lead the practitioner to an enlightened conception of the true pathology of the case.

"Causes."—These are indigestible food, such as crude vegetables, sweet meats, etc.; the habit of allowing children to eat too many articles of food at one meal; together with insufficient clothing, etc., "teething sometimes produces symptoms like those above described."

"Treatment.—Abstinence from solid food is necessary; even biscuits, crusts of bread, and the pulp of oranges, frequently produce relapses."

Leeches and fomentations to the abdomen are demanded. Mild laxatives are required. We have generally preferred one or two grs. of calomel with four or five grs. of rhubarb, or caster oil, frequently repeated.

"Continued Fever."—Passing over two or three pages of verbal and nosological criticism, in which the author indulges towards Dr. Cullen, we will come to what he says concerning continued fever. Under this head he discusses, *first*, fevers from functional derangement; *secondly*, fever from inflammation; *thirdly*, fever from congestion; *fourthly*, a mixed form of fever, consisting of a combination of these three, but in which congestion predominates at last, commonly called typhus and synochus.

The functional form of fever is very liable to attack children; and after what was said by the author under the head of infantile remittent, we can perceive no necessity for what he

urges under the title of "fever from functional derangement." The same plan of treatment is available for "fever from functional derangement occuring in children, as for infantile remittent fevers."

"Fever from inflammation is generally ushered in with rigor. The symptoms vary according to the organ principally affected; but in all cases where there is great excitement, the breathing is quick and anxious, the belly costive; the tongue becomes parched; but it may be loaded or very red, with its papillæ much raised, or intensely red only at the tip and round the edges; the pulse is generally full, strong and bounding, beating above a hundred, perhaps even 130 in a minute; there is also oppression at the precordia. "In very acute cases, I have observed the skin not only parched and burning, but red, making a considerable approach towards an exauthematous affection."

Should the head be the seat of the inflammation, there will be delirium, redness of the eyes, starting of the tendons, sometimes convulsions, etc.

The author intends to draw a line of demarcation between those cases of inflammatory fever in which the brain itself is inflamed, and those in which the membranes are in a state of inflammation. But it appears to us that his labored diagnosis is defective, and that the practitioner will constantly find at the bed side that such distinctive symptoms as those laid down with such studied precision by the author, are a fallacious guide in pointing to a just diagnosis of the case. There is not one of them which is entitled in the smallest degree, to the character of pathognomonic.

Inflammatory fever may terminate by hemorrhage from the bowels, or lungs—or by purulent deposits in the subcutaneous cellular tissue, or by profuse sweats. "But these natural terminations are not to be depended on."

If the lungs are affected the respiration will be laborious—there may be cough—with more or less expectoration—the patient has a sense of rawness under the sternum, and a stitch in the side. If the seat of inflammation be within the abdo-

men—there will be pain on pressure; but it must be remarked, that when the mucus membrane of the intestines is the seat of the phlogosis, frequently little or no pain is experienced even upon pressure. The patient lies on his back with the knees drawn up, that the abdominal parietes may be relaxed; there is more or less tympanitis; and the heat is greater over that part of the body than any other. Nausea and vomiting are more or less severe, the patient incessantly demanding cold water.

"The condition of the tongue, has, I fear, been too much disregarded. The most extensive inflammation, and disorganizations of various kinds, may be going on in the mucus membrane of the stomach and bowels, without producing redness of the tongue or elevation of the papillæ. Nevertheless, when the tongue is in that condition, or when it is covered with small ulcers, or when it looks red and glazed, or as if skinned, with or without patches of white fur, we are enabled to determine that the lining membrane of the alimentary canal is in a diseased condition."

"*Appearances on Dissection.*—It may safely be said that there is not an organ or tissue of the body which has not been seen disorganized in fevers, and particularly in inflammatory fevers." etc. p. 160.

The author does not dwell on these organic lesions, but passes on to the treatment. In the succinct statement of the methodus medendi the author has manifested an enlightened judgment in reference to the most appropriate means of curing inflammatory fever. Bleeding, general and local;—a gentle emetic;—followed by gentle laxatives;—a bland liquid diet;—small doses of the solution of the tartrate of antimony;—perfect quietude of mind and body, with abstraction of all causes of excitement; cold or tepid bathing, local or general as the case may require—these he gives as constituting the best remedies in case of this variety of febrile seizure. He has, we conceive, overlooked the alterant power of mercury—a remedy which in judicious hands will often save the organs

from destructive lesion, when no other therapeutic agents will prove available.

"The causes of the failure of bleeding in this, and other diseases, are; *first*, most physicians order the precise quantity of twelve or sixteen ounces of blood to be taken from all adults, without reference to sex, age, peculiarities of constitution, or the actual pathology of the disease. *Secondly*, By the long period which is allowed to elapse between the bleedings, the strength is diminished, while little progress is made in eradicating the disease. *Thirdly*, No difference is in general made between bleeding a plethoric individual, and one who is in the opposite condition of system. *Fourthly*, The period of the disease influences a pathological physician, while it does not one who never looks at the inside of a dead body. *Fifthly*, The good effects of a general bleeding are frequently lost, by not following it up, in proper time, by a second evacuation; or by local bleedings, which are often found to be most efficacious. *Sixthly*, The good effects of bleeding are often marred by neglecting to employ counter stimulation, and counter irritation, as well as by loading the patient with too many bed clothes, and by errors of diet. The patient should be seen within a few hours after the first bleeding, and the operation should be repeated at a short interval, if necessary. If this be done, particularly if followed by laxatives, blisters, and the use of the tartar emetic, it will rarely be necessary in an inflammatory fever, however acute to bleed a third time. But if, at the second or third visit, we find the patient so well as not to require further loss of blood, we are not to conclude that he is out of danger; and it is necessary to impress upon the minds of students and young practitioners, that if they are to do good in such a case, the greatest attention must be paid at the very commencement of the disease: vigilance at this period will save much subsequent trouble and anxiety. When leeches are necessary, they should be applied as near the affected organ as possible. With regard to antimony, objections are very justly entertained against

its use, when the stomach and bowels are either irritated or inflamed." p. 162.

Speaking of the employment of stimulants in inflammatory fever the author remarks, that "although I have seen marked benefit produced by stimulants, yet I have more frequently observed mischief; they are most beneficial when exhibited to patients with either a compressible, or a very irritable pulse, and to those who experience profuse perspirations."

"Congestive Fever."—Under this head we find only a meagre account of a variety of fever which the late eloquent Armstrong expatiated on with so much power of argument and illustration, and which Sydenham seemed to have understood. We will not dispute about a mere name, provided the reader do not attach too mechanical a conception to the term, congestion. If by the name congestive fever be only understood, what Sydenham evidently meant, a fever of such intense force of action as to oppress the functions of life, then without detriment to the cause of practical medicine, the term may be retained. But loose phraseology is apt to engender, or at least accompany, a loose and inaccurate style of thought. We think that Dr. Rush has given a better name to such a variety of fever, which he entitled "suffocated." Dr. Mackintosh is very unsatisfactory in his discussion of this variety of fever—both in his pathological and therapeutical reflections.

"Typhus and Synochus Fevers."—"In the disease which is now to be sketched, there is a combination of the last three described fevers, appearing under two forms:

1. The functional fever, subsequently united with congestion, and this forms, I apprehend, the typhus of authors.

2. The inflammatory fever, subsequently united with congestion, and this is the synochus of authors.

We cannot admit the correctness of our author's grounds of difference in the above two forms of febrile affection. Typhus fever is *ab origine*, as frequently complicated with local inflammations as Synochus is, and we might affirm, with the utmost confidence, that agreeably to the patient and minute researches of M. M. Louis and Chomel, typhus is more

liable to be complicated with lesions of nutrition—or processes of destructive vascular action than any other variety of fever. Death may not cut off the patient in so rapid a manner in typhus as in yellow fever—but the fatal catastrophe is more frequently connected with lesions of nutrition in typhus than in yellow fever. Lesions of circulation—violent and rapid inroads on the nervous and vascular systems—occur in biliou and especially in yellow fever—but the disease does not leave such palpable demonstrations of deep structural alteration as are revealed in the examinations of the bodies of those dying of typhus. The author has been misled in this matter by theoretic refinement. We refer to the able work of Louis for ample proof of the above remark.

The author, very properly, insists strenuously on abstaining from stimulants in the first stage of typhus, and in reference to emetics, which are now *out of fashion* with many physicians—(for there is a fashion in medicine far as potent sway as in matters of costume) he says, "emetics cannot be too highly extolled in the last stage of some cases of fever, particularly the varieties called typhus and synochus, but only in those in which the bronchial tubes become filled with muco-purrulent matter. This happens in consequence of the patient being too long asleep, or not coughing up the matter before too much has been secreted." p. 170.

There are some excellent general reflections, under this head, upon fever in general, which we shall transcribe. The American editor has given some valuable suggestions, which we regret our limits forbid transcribing.

"Cleanliness, free ventilation, and quietness, are three great and essential circumstances to be attended to in the treatment of fever. The alvine evacuations should be removed instantly out of the room; and it is of great consequence to attend that the quantity of bed-clothes be not too great in the first and second stages of fever when the skin is parched, or too small when the patient is approaching to the state of collapse. The extremities should be examined at every visit by the physician as sometimes the symptoms are aggravated in con-

sequence of cold limbs, which will require no other remedy than the application of heat."

Why is it that we have such "discrepant histories of fever;" and why is it that such "opposite practices have been recommended to our notice." The author gives the following explanation of these "glorious uncertainties of medicine."

1st. A difference in the character of the prevailing epidemics, and the constitutions of the persons affected; for example a functional fever will bear stimulating remedies which would kill a person laboring under an inflammatory fever, particularly if the inflammation affected a vital organ. A stimulant given in congestive fever may operate beneficially; whereas in functional fever, or in inflammatory fever, it would be very injurious. A well fed, and previously healthy soldier, who has no cares, will in general have a high toned-fever; whereas a poor, ill fed, and badly clothed laboring man, worn out by cares and anxieties, and living in an ill-ventilated and filthy apartment, will be affected with one of an opposite character.

2nd. An arbitrary and too often empirical practice, which has hitherto been too frequently followed. One physician always bleeds in every case of fever, another stimulates, and while the results are analysed, perhaps it will be found that the proportion of deaths is the same, and even these will vary to support the one practice or the other according to the habits and constitutions of the patients; for instance, if our army and navy surgeons were to stimulate through the course of the fevers they have to deal with, they would scarcely save a patient; and if practitioners entrusted with the care of the sick poor were to bleed all their cases of fever, they would be quite as unsuccesful.

3d. Writers are too often guilty of an error which all medical men are liable to commit, viz: of mixing up opinions with matters of fact in their statements.

4th. The prevailing habit of drawing sweeping conclusions from one or two facts.

5th. Unphilosophical attempts to bolster up erroneous views by special pleading." p. 172.

We preterm it the brief notice taken by the author of hectic fever, as he promises to illustrate the subject in a subsequent part of his work.

"General Pathology of Eruptive Fevers."—"According to the humoral pathology, the fever is produced by a concoction of the humors by which a precant matter is thrown to the surface, forming the eruption. Other pathologists look upon these diseases as peculiar and essential affections of the epidermis, sometimes *followed* by inflammation of the chest and its accompanying fever; and they account for the sore throat which occasionally occurs by its continuity between the skin and the diseased internal organs.

"My own opinion is, that the eruption ought to be regarded as a mere symptom of this class of disease." p. 183.

The author conceives, after "a long and patient investigation, comparing the symptoms with the appearances found on dissection, that the mucous membranes are the seat of the disease, the nature of which is inflammation, more or less acute and extensive, and that the part most generally implicated, is the mucous membrane of the lungs, particularly in measles and small pox; while that of the bowels is the part chiefly, if not principally, affected in urticaria, roseola, and miliary fever."

Again, says he, "the eruption, in point of fact, ought to be regarded as a natural blister, acting as a counter-irritant. If it is produced by powers inherent in the constitution, that enable it to remove so much of the diseased action from an internal organ, the functions of which are more immediately necessary to life. In slight cases, I conceive the eruption is in proportion to, if it do not exceed the amount of the internal disease. This may be stated without reference to the quantity of the eruption, except perhaps in small pox. There can be no doubt that the eruptions are produced by inflammation of the cutis, which consequently must take off so much of the determination of blood, and so much of the diseased action from the internal organs."

He considers that this view of the pathology of eruptive fevers is substantiated by 1. "The constitutional commotion and oppression of the whole system, and the morbid changes in the functions of various organs, for many days before the appearance of the eruption. 2. By the relief afforded, in general, after the free developement of the eruption.

3. By the increased suffering and danger which exist when the eruption is deficient, or when its repulsion suddenly and prematurely takes place.

4. By the relief which follows proper treatment; and

5. By the appearances observed on dissection.

All this wears an air of great plausibility about it, but we regard the whole pathological description, as founded upon limited conceptions of the nature of this class of fevers.—What are the proofs adduced, but evidences that the morbid action is localized in the dermoid tissue, and that the close and reciprocal relation of sensation and vascular activity existing between the skin, and internal organs, affords a satisfactory ground for a solution of the subsequent phenomena, which are seen by us in this class febrile affections.

Instead of being merely symptomatical the eruption should be regarded as the true disease, and the irritation and inflammation of the brain, lungs, stomach, etc., which often reveal themselves in the progress of small pox, measles, etc., are but the complications of the original malady.

But we have not time or space afforded to enter upon a detailed examination of what we conceive a very defective scheme of pathological exposition of eruptive fevers. We wish the reader of this review of the work to reflect upon the matter, with careful thought, lest his mind become perplexed by the ingenious argumentation of the author. We have very seldom seen small pox fatal from internal inflammation—what the author terms the *symptom*—proving fatal by destroying the structual integrity of the skin—or inducing death by the extensive irritation and suppuration of the surface—as in the secondary fever. Measles and scarlet fever are more liable than small pox to be complicated with inflammation of the

air passages, or brain, and in the way pointed out by the author often terminate existence.

Dissections do not demonstrate the verity of the authors peculiar, or rather Broussaian hypothesis, but only prove that there is not that simplicity in such diseases which such a speculative abstraction would insist on. Under the head of scarlet fever we find nothing very striking or interesting. The author very properly insists on the expediency of blood letting in this inflammatory disease. The remarks of the author on the other eruptive fevers are judicious, though not very satisfactory on account of the brevity with which he discusses the great questions involved in their pathology and treatment.

"Part II."—Diseases of the organs connected with the digestive system. "Under this head are arranged various morbid affections—Difficult Dertition—Difficult Deglutition—Cynanche Tousillaris—Cynanche Pharyngea—Inflammation or Ulceration of the Æsophagus—Indigestion—Gastrodynia—Discharges of Blood from the Stomach and Bowels—Colic—Intestinal Concretions—Worms—Inflammatory Affections of the Organs contained within the Cavity of the Abdomen—Cholera—and Diseases of the Liver and Spleen. We pass by several of the first named diseases, as there is nothing in the notice of them of much interest—and briefly analyse what is offered under the head of Indigestion. Under the designation indigestion, dyspepsia, with its usual attendants, flatulency, tympanitis, heartburn, and pyrosis, and also the painful affection termed gastrodynia, are treated.

The author thinks that the physician, to be able effectually to conduct the treatment of dyspepsia should have suffered from it himself. This is abundantly puerile—for although a recollection of his own dyspeptic sufferings may make him very sympathetizing, yet this very state of mind will interfere with a judicious application of rigid means of cure. It would be as sound philosophy to urge that to conduct the parturient process the doctor ought previously have been brought to bed himself! The symptoms of dyspepsia vary—flatulency produces great distress and the escape of the pent up air *sursum vel deorsum*,

affords much relief. The plan of treatment should not be of the routine character, but vary with the case, etc. The causes may be very different—Dr. Wilson has written an excellent work on the subject—he divides the disease into three stages. This arrangement the author objects to, yet he adopts it. Regimen including exercise, clothing, etc., and laxatives are the points to be chiefly attended to in the management of the dyspeptic. Animal diet, according to W. Barras, is the best remedy for gastralgia, which may be mistaken for inflammation of the mucous tissue of the stomach.

Discharge of blood from the stomach and bowels may originate from mere exudation or from erosion, by ulceration, of some arterial or venous radicle. In one case, a child, the blood was found upon dissection, to emanate from a ruptured artery in a cavern in the superior lobe of the left lung—a fistulous opening was found running upwards from this cavern, and communicated high up in the æsophagus.

"The pernicious habit of taking a book or newspaper to read in the water closet, when at stool is very frequently a cause of piles." p. 244.

Piles are often the source of hemorrhage from the rectum etc. The treatment is obvious—rest—mild laxatives—astringents, etc. Sometimes it is necessary to apply caustic to arrest bleeding from the anus.

Colic is very succinctly treated by the author. Under the head of Painter's Colic are some very excellent suggestions. We shall transcribe some of his thoughts. The principal symptom is "pain about the umbilicus and pit of the stomach:—at first it is dull and remitting, but gradually increases to be severe and constant. The pain, in some severe cases, strikes through the back, and patients have told me that it resembled a stab through the body; others have felt as if they were cut in two at the umbilicus. In other cases the pain extends to the arms and hands, down the back and pelvis often affecting the lower extremities. The integuments of the abdomen feel retracted and hard, and I have seen the strongest men rolling and weeping like children." Vomiting of mucus

may occur to the slight relief of the patient. The pulse, is at the beginning, unaffected by any marked deviation of the normal state; "in the end, however, it becomes quick and small. It has been remarked by some, that the feet and toes are occasionally affected, as in gout. "Spontaneous relief is said to follow a copious discharge of scybalous matter, like sheep's droppings, mixed with mucus and considerable quantities of blood. Sometimes the disease produces palsy of the superior extremities, and occasionally it terminates in death, which is preceded by a loss of sight and hearing, delirium, and convulsions." p. 248.

Appearances on dissections are redness, thickness, and ulceration of the mucous membrane of the alimentary canal, and often enlargement of the mesenteric glands, corresponding to the inflamed or ulcerated portions of this membrane. "The redness varied from that bright rose, even to violet and brown, it was disposed in points, in streaks and in patches, and sometimes occupied an extent of several feet. The thickness was variable. The ulcerations were founded almost always toward the termination of the small intestines, near the valve of the colon, which was sometimes destroyed; and in cases where diarrhœa prevailed, ulcerations were founded in the colon; and sometimes they were observed in the stomach. They were occasionally deep and numerous; sometimes the stomach and intestines were perforated."

Treatment.—General and local bleeding, counter-irritation over the stomach; calomel and opium given in pills containing four or five grains of each, repeated at short intervals, so as to affect the system as speedily as possible.

Turpentine, by the mouth and by injections, and applied through flannel over the belly, croton oil, given during the administration of the calomel and opium, are to be used. The mercury must touch the gums before the patient is safe—and therefore the calomel, we think, should be given in larger doses, than those recommended by the author. We find nothing of moment under the heads, respectively laid down by the author, till we come to his general remarks, relating to

inflammatory affections of the organs contained within the cavity of the abdomen.

The symptoms evincive of the presence of inflammation in the abdominal viscera are not always correspondent to the intensity of the morbid action. The pain upon pressure in cases of peritonitis, we know to be intense, but when the mucous coat of the intestinal canal is inflamed there may be little or no pain on pressure made by the hand on the abdominal covering. There are two terms much and mischievously employed in medical nomenclature to which the author objects, as being liable to a loose and inaccurate application. These words are sympathy and debility. Vagueness of expression we should ever avoid in a physical science, such as medicine is. Sympathy has, very often, no precise pathological sense attached to its too facile use.

"I have, says Dr. Mackintosh, frequently seen it highly injurious in practice, thus, in inflammation of the stomach and bowels, I have seen the most deadly cerebral symptoms lighted up, which were not treated, because it was supposed the affection of the brain was only *sympathetic*, not real. I have seen the same thing happen in fevers, gout, rheumatism, etc." p. 264.

In speaking of acute peritonitis he states, that, according to the experience derived from his observations, bleeding, both general and topical, should be had recourse to; in very slight cases, we may trust to local bleeding by leeches, but when the inflammation is severe, the lancet should be used to such an extent as the nature of the case demands, so as to make a decided impression upon the disease, and upon the system." As a cathartic he prefers two grains of calomel, and six of rhubarb, and repeated every three hours. Blisters, late in the disease may be used, the abdomen should be completely covered, when the blister is necessary. Digitalis he has no confidence in. Where there exists any distension of the abdomen from tympanitis, we have an admirable remedy in turpentine by injection, in the proportion of half an ounce, or an

ounce, in eight or ten ounces of gruel, or it may be put into a weak tobacco injection.

Puerperal Peritonitis, or puerperal fever, is a very fatal malady, and requires the most energetic interference of the physician to save from death the patients committed to his charge. The celebrated Dr. William Hunter, who gave brandy in the disease, saved only one patient out of thirty-two. Dr. Leake, employed bleeding in small quantities, and at long intervals; he gave his patients bark, beef tea, and cordials, to prevent putridity, and he lost thirteen out of nineteen patients in one season.

Mr. Sley, of Leeds, saved only three out of thirteen cases, before he began to bleed; under an improved mode of practice, copious bleeding and purging, he lost only two out of thirty-six patients.

The pathology of puerperal peritonitis is essentially inflammatory; there can be no room for rational doubt on this point, after the revelations of truth which have taken place in late years on this question. Neither the pain, nor pulse, can be taken as a guide; the pain is often severe, but sometimes it is slight, and the pulse is small, quick, and frequent, though hard. The lochia and milk are suppressed, and the bowels are found in a variable state, but more frequently than otherwise, constipated. But the knife has made known to us the severe inflammatory nature of the disease—the peritoneum is diffusively inflamed, or deep marked patches of redness are seen on it, sometimes the bowels are glued together by the organizable lymph thrown out, and very often a sero-gelatinous fluid, or thick curdy matter is found in the cavity of the abdomen. The treatment must be heroic, the lancet, leeches from 25 to 200 applied to the abdomen at one time, purgative, and blisters; constitute the most available means of arresting the rapid disorganizing action going on. Dr. Armstrong gave 20 grains of calomel, with one or two grains opium—if given directly after a full bleeding. The author has given some useful practical suggestions on chronic peritonitis, which we are unable to copy.

"Inflammation of the mucus membrane of stomach and bowels. It is a point of the first importance to determine the natural condition of the mucus membrane, in order to enable us to ascertain the appearances produced by disease. It is admitted, I believe, by every one, that the mucus membrane of the stomach and bowels, in the most healthy state in which we see it after death, has a whitish appearance, with a slight tint of rose color; that although blood vessels may be seen here and there, yet they are not observed arborescing in great numbers, nor do we see any discolored patches, unless there has been some great impediment to the circulation, or they have been produced by a natural change towards decay. Indeed, it is to be apprehended that some of the tints described with so much minuteness and accuracy by French pathologists, may be attributed to this last cause. It is stated that the stomach becomes more vascular and of a redder color, during the act of digestion, than at any other period, which appears to be very probable, and may account for the red appearance found in the bodies of criminals after execution." The splenic portion of the stomach seems most liable to inflammatien. The diseased appearances of the stomach may be divided into *color*, *vascularity*, exudation, *alterations of structure*. We are very liable to deception respecting the color of the gastric mucus tissue. Every change of color is by no means to be attributed to inflammation. Dr. Yellowly has conclusively shown that an intense degree of redness may be seen after death in the mucus tissue of the stomach, where no suspicion could attach of previous disease in that organ. The principal discolorations of the mucus membrane resulting from disease are bright red, dark red approaching to purple, brown, slate colored and black. In considering how far mere vascularity is the sequel of morbid action, previously existing in the mucus coat, we must try to ascertain whether it is arterial or venous; whether it is a hyperamia which has occurred in the struggles of death, or a fulness of the vessels arising from gravitation. Exudation merits careful attention with regard to tenacity, quantity, and color. If it is viscid, and in considerable quantity, upon a

surface which presents many red vessels, it may be regarded as the product of irritation and inflammation. It varies much in color, sometimes of a red aspect, sometimes white, etc.

Alterations of structure are denoted by pulpiness, with thickening of the mucus membrane, and ulcerations of various kinds and degrees. The inferior half of the ileum is more frequently found ulcerated than any portion of the alimentary tube. Ulceration is frequently the result of acute phlogosis of the mucus tissue. We must refer our readers to the author for a more expanded illustration and enforcement of the subject, and likewise to the works of Broussais, Andral, Craigie and others.

We find that we must hurry on in our review else w hall trespass too much on the patience of the reader. Let us see what the author says on bowel complaints of children.

"In the course of practice, it is distressing to see so many children carried to the grave from a diseased condition of the alimentary canal; although there is no class of complaints, which, when taken early, and treated according to good pathological principles, are more under control. They frequently terminate by producing marasmus, and the complaint which I have presently to notice, under the name tabes mesenterica." p. 297.

The author condemns in severe terms, the practice so generally adopted after the birth of a child—that of forcing down—wantonly," as he expresses it—the throat of the poor innocent—a dose of castor oil, or sugar and water, or molasses, "for the unnecessary purpose of purging away the dark matter which collects in the large intestines during the last two or three months of the uterine life."

"Not long ago, I was called to see a child under a fortnight old, who was taking half a grain of calomel and two of scammony, twice a day, although it had from fifteen to twenty stools during the course of twenty-four hours, notwithstanding the exhibition of occasional doses of chalk mixture. In such cases, the drastic purgatives are given in the first instance to "clear out the bowels," and afterwards persevered in "to

improve the evacuations." Another fruitful source of bowel complaint in children is improper, or too much food. Too often the infant is forced to take panada, or tea made of bread or cracker, or thin gruel—the consequence is flatulency, to relieve which, Dalby's carminative is given, then castor oil to relieve the costiveness induced by the opiate, and thus the poor creature is dragged into a protracted torturing process, springing from ignorance and indomitable prejudice.

An opposite course is to be pursued, nothing but milk is to be allowed for diet, and a little sweet oil given, should the bowels be constipated. We have known infants destroyed by the exhibition of syrup of rheubarb, calcined magnesia, sulphur, and such remedies. We pass on to diseases of the organs connected with the respiratory system. After some general remarks well worthy attentive perusal by the student, the author divides diseases of the respiratory organs into those which affect the mucus membrane of the air passages, such as bronchitis, laryngitis, croup, and hooping cough, and those affecting the parenchymatous part of the respiratory system. Andral, deservedly, receives a high eulogy from our author, against whose methods of ascertaining the states of the organs contained within the chest, a great deal of opposition has been made, and many frivolous objections urged, principally by three classes of practitioners. First, Those who are too well employed, and who have not time to learn any thing new. Secondly, Those who are dull of hearing, or devoid of the power of discrimination between sounds which have some resemblance to each other. Thirdly, Those who are too indolent or too old." There is in the author's general remarks on the stethoscope a spirit of severe criticism against those who refuse to bear witness to its value. His language is occasionally rather tinctured with coarseness of rebuke—a fault which pervades many parts of the work. But his reflections on this point are deserving of a serious and earnest perusal by all who desire to grow in professional attainments.

Pretermitting a good deal of valuable matter under the respective heads named above, we shall present some of the

author's views and statements on various subjects, which we take from the second volume.

"Part. IV.—Diseases of the Circulating System."—After several pages devoted to the consideration of the sounds of the heart, as evinced in health and in diseased states of that organ, the author thus speaks of the causes of diseases of the heart. "The causes of diseases of the heart are imperfectly known; affections of the lungs, which give to long continued and severe dyspnœa, are, no doubt, among the most frequent causes, they are considered by Laennec as the best ascertained. We know, perhaps with more certainty, that diseases of the heart give rise to various affections of the lungs, more particularly hæmoptysis and pulmonary apoplexy."

Every cause which disturbs the balance of the circulation, producing an overload of blood about the heart and lungs, excites this class of affections; hence I have been able to trace it to long continued intermittent fevers. It would appear that rheumatism is of frequent cause of enlargement of the heart; it is well known by practical men, that pericarditis sometimes come on during an attack of acute rheumatism. We find that those who have suffered repeatedly from acute rheumatism, not unfrequently fall victims to enlargement, or other diseases of the heart."

"Angina Pectoris.—This dreadful disease generally makes its attack in the following manner. It is commonly first felt when an individual is walking up hill; he is suddenly and unexpectedly seized with an agonizing sensation in his breast, a little to the left of the sternum; he experiences a sense of constriction and suffocation, which obliges him to stop. After a little rest, these symptoms disappear, and he flatters himself that it is nothing more than a common stitch in the side, from walking too quickly. I have known a person fall down in a state of temporary asphyxia, even on the first attack, etc." p. 21.

The author appears to lean towards the opinion of Dr. Hosack, that "a disproportionate accumulation of blood in the heart and large vessels;" gives rise to the seizure. We

believe that an attack of Augina Pectoris may spring from neuralgia of the heart—ossification of its valves or large vessels, or hypertrophy of the organ. The treatment consists in a careful regulation of diet and exercise of the patient, alterant doses of calomol or blue pill; counter-irritation by tarter emetic, or an issue.

The author has some judicious reflections under the respective heads of Pericarditis, Carditis, Hypertrophy of the Heart, etc., which we are compelled for want of space to omit any analysis of, but we will notice a disease of pretty frequent occurrence, compared to the above named affections—it is Phlegmasia Dolens. Dr. Davis' opinion, derived from dissections that this affection springs from inflammation of the veins the author regards as not only plausible but just; at least, from his observations he has been conducted to the conclusion that no reasonable mind can reject Dr. Davis' pathology, although in the present state of our knowledge, he is far from alledging that inflammation of the veins is the only cause of this affection. Phlegmasia may occur during pregnancy, but most frequently it comes on after delivery. Sir Astley Cooper and Dr. Dease, have seen cases of the disease from tying the saphena vein in men. The treatment is antiphlogistic—bleeding general and topical—blisters over the lower part of the abdomen and groin of the affected side; tartar emetic internally administered, calomel and opium, fomentations over the lower part of the abdomen, and finally a bandage.

"General remarks on Diseases of the Brain.—After a rapid notice of the physiological experiments and inquiries conducted during the few last years into the anatomy and functions of the brain, the author speaks of the principal symptoms which are supposed to indicate disease of the brain.

1. *Headache.*—This symptom depends on very opposite cases, plethora, and anæmia, stimulant drinks and diet, and depletion, fasting and eating, all may cause it.

2. *Vertigo.*—This symptom likewise has its origen in very opposite states of the nervous and vascular systems.

3. *Convulsions.*—Sometimes indicate disease of the brain. They frequently attend inflammation, and occasionally depend on organic lesions. Excessive vascularity of the cerebral vessels will cause convulsions, and so will a deficient and sudden depletion of those vessels.

4. *Rigidity of the extremities.*—The occurrence of this symptom is rarely wanting in *ramollissement*, or softening of the brain.

5. *Coma.*—This alarming symptom, may depend on opposite states of the encephalon.

6. *Fever.*—Is by no means a certain accompaniment of inflammation of the brain, there may be meningitis or cerebritis, without fever.

7. *Delirium.*—Is a very general consequence of inflammation of the brain. But it may exist without inflammation, and inflammation may exist without delirium.

8. *Paralysis.*—Is a very frequent result of inflammatory diseases within the skull, and of tumours and apoplexy.

Dr. Abercrombie's position, that "no material change can take place in the absolute quantity of blood circulating in the vessels of the brain," is successfully controverted by the author, and the practical deductions springing from this physiological speculation are proved to be dangerous.

But we must stay our hand of exegetical remark on Dr. Mackintosh's valuable work, and hope that from the analysis presented, our readers will purchase and read the entire production. His style is often slovenly and sometimes inaccurate, and the condensed mode pursued by the author in the discussions of many important questions leaves the mind unsatisfied as to the solution of the points in controversy. With these, and several other minor abatements, it is still a work of great utility, and although we prefer the last edition of Good's Study of Medicine by Cooper, as a more classical, learned, and ornate work, we conclude by again recommending Macintosh's Practice of Physic, as a safe and judicious guide in the practice of medicine. J. P. H.

Article. IV.—Medicine and Medical Jurisprudence.

Researches in Medicine and Medical Jurisprudence, by John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence, in the College of Physicians and Surgeons of New York, etc. Second edition, E. Bliss, New York, 1835, p. 258. 8 vo.

The papers, composing this work, have already been laid before the public in a different form. The article on Infanticide forms the principal part of the volume, and may be found in the last edition of Beck's Medical Jurisprudence, a work already noticed, to some extent, in our Journal. We shall therefore pass it by on the present occasion.

The first article we shall notice is an essay on Acute Laryngitis, a disease of much interest, especially to the northern physician. The writer occupies the first five or six pages of the paper in proving that it is not a new disease, although but little attention has been paid to the subject until recently. To our author undoubtedly belongs the merit of producing the first general essay on acute laryngitis. His paper appeared in 1824. Since that time, however, the attention of the profession has been called to the affection by several eminent individuals who have contributed much to develope its minute pathology. It will be seen, however, from the symptoms detailed by our author, that they have added little or nothing to what he has said on the subject.

"In its commencement this disease may be looked upon as purely local, and the first symptom by which it is usually ushered in, is a slight sense of soreness in the fauces, resembling what is commonly called a sore throat. As this is considered nothing more than the effect of an ordinary cold, it excites no alarm, and most commonly is slighted by the patient. Frequently no febrile symptoms are present, and he sometimes finds himself well enough to attend to his ordinary business. If the fauces be examined, they will perhaps be found covered with a blush of inflammation, unaccompanied generally by any swelling of the tonsils or neighboring parts. This state of the throat continuing for a day or two, the patient is suddenly seized with a sense of great uneasiness about the region of the larynx. The pain in the part is by no means acute, and the principal source of

complaint is a feeling of stricture or obstruction about the passage of the larynx, through which the air passes in respiration. For the purpose of relieving this obstruction, frequent attempts are made to clear the throat by hawking, etc. The voice now becomes affected with greater or less hoarseness, according to the violence of the attack. Connected with this, there is labor in respiration and slight difficulty of deglutition. As the disease advances, sometimes in the course of a few hours, at others in a day or two, all the symptoms increase in force. The respiration becomes more impeded; the voice hoarser and more suppressed: the deglutition more difficult. Occasional fits of suffocation now come on, which sometimes last for several minutes, and occasion the greatest distress. As these subside, the patient becomes easier, without, however, experiencing the least amelioration of the other symptoms. At longer or shorter intervals, the fits of suffocation are repeated, and at each repetition, they become more violent and distressing. Frequently they seize the patient during sleep. The anguish which is exhibited at this stage of the disease, and during the paroxysms of interrupted respiration, can better be imagined than described. The larynx is perceived in violent motion, the head is thrown back, and on the countenance is depicted the extremest agony; the eyes are wild and prominent, the mouth is open as if gasping for breath, the lips are pale, the tung protrudes, and the voice is scarcely audible. In this situation, patients have not unfrequently attempted to end their sufferings by endeavoring to cut their throats.* It is evident that under such circumstances, life cannot be protracted very long, and the wretched victim, after a few convulsive efforts, expires from actual suffocation. Such is the general career of this disease, necessarily varying somewhat in individual cases, according to the violence of the assault and the peculiarities of the patient's constitution. In some instances, not the slightest trace of inflammation is to be detected on examining the fauces; and with the exception of the local uneasiness about the larynx, there is nothing which indicates the imminent danger in which the patient is situated."

These symptoms are sometimes accompanied by strong febrile excitement, but at others they are not even in the most fatal cases. In such instances our author supposes that an effusion takes place into the cellular tissue of the larynx, which prevents fever by reducing the local inflammation, but which mechanically closes the rima glotidis, thus occasioning immediate death. If this does not take place the inflammation runs high, fever occurs, and the glottis is either closed by an effusion of coagulable lymph, or the case terminates after ulceration and destruction of the surrounding parts.

*Cases of this kind are related by Bayle.

"The most usual duration of this disorder, says the writer, is from three to four days," but it sometimes proves fatal in 24 hours or even earlier.

In relation to the periods of attack, our author makes the following remarks:

"It may be considered as one of the striking peculiarities of laryngitis, that its attacks are confined to persons who have reached adult life. Such has, at least, been the case in almost every instance which has as yet been recorded. In some it has been at the advanced age of sixty, and even upwards. Most usually, however, it occurs in the prime of life, between the years of puberty and forty-five or fifty. In a very few instances, it has been observed in children. By Dr. Marshall Hall, cases of this kind are recorded.* But in these, it should be recollected that the disease was induced by the accidental application of a powerfully stimulating cause to the parts themselves, in which, of course, predisposition could have had no agency at all. With regard to other cases that have been adduced of its occuring in infancy and childhood, they are in many respects so unsatisfactory as scarcely to justify us in considering them as genuine instances of this disease."

He also observes that males appear to be more subject to the disease than females, but this requires further observation in order to confirm its truth.

Under the head of appearances on dissection we find the following:

"On opening the body of a person who has died of laryngitis, the tonsils and the velum pendulum palati will be found perhaps slightly inflamed. In some instances, the posterior and upper portion of the tung is also somewhat inflamed. The epiglottis most generally exhibits the evidences of high inflammation, and is much thickened: it frequently stands erect, so as to leave the cavity of the larynx almost entirely uncovered. In the larynx, various morbid appearances present themselves, depending upon the violence and duration of the previous disease. In some instances no other evidences of diseases are observable, besides a simple redness and thickening of the mucus membrane of the larynx. This thickening is frequently so great as nearly to obliterate the cavity of the glottis.

"In other cases, together with the inflamed condition of the mucus membrane of larynx, there is found an effusion of serum in the cellular tissue underneath it, so great as completely to close the rima glottidis. This constitutes that form of the disease which is known by the name of *œdema of the glottis*.

---

*Four cases of children who had attempted, by mistake, to drink boiling water from the spout of a teakettle. By Marshall Hall, M. D., etc. (Medico-Chirurgical Transactions, vol. 12, p. 1.)

"In other cases, again, the inflammation of the membrane of the larynx terminates in effusion of lymph upon its external surface, by which the passage of the glottis is either completely closed, or very much diminished in size.

"Occasionally purulent matter has been detected on the larynx; and in one case, an extensive abscess was found between the mucus membrane and the muscles of the larynx. Generally, the trachea is unaffected. In some cases, however slight traces of previous inflammation are discovered. It is not followed by effusion; and in no instance, I believe, has any thing like the croupy membrane been formed."

He enumerates among the principal causes capable of producing this disease, sudden variations of temperature, diseases of the neighboring parts, and the application of a powerful stimulus to the part itself, as the steam of hot water taken by accident from the spout of a teakettle.

Under these various heads our author has recorded some valuable observations which we have not room to copy. We will, however, extract a portion of what he has said on diagnosis; a part of the paper which should be familiar to every physician:

"As laryngitis destroys life with great rapidity, the physician has frequently but a very short period allowed him in which to put forth the resources of his art of the rescue for his patient. To enable him to use the most prompt and efficacious means for this purpose, it is necessary that it should be clearly distinguished from those of the neighboring organs, with which it may be confounded.

"*Tonsillitis.* In this disease both the respiration and deglutition are sometimes seriously affected, but as these are occasioned entirely by the inflammation and enlargement of the tonsils, it may readily be distinguished by an inspection of the fauces. In laryngitis, no tumor or swelling of the tonsils is observed, and the difficuliy of respiration is not merely greater, but arises from a cause entirely different.

"*Pharyngitis.* The freedom of the respiration in this complaint, while the difficulty of swallowing is exceedingly great, sufficiently distinguishes it from laryngitis.

"*Trachitis.* This is the disease most liable to be confounded with laryngitis, and which it is of the most importance correctly to distinguish, inasmuch as upon it may depend our decision in relation to one of the most essential means of relief, viz: the operation of laryngotomy. Although these two diseases have several symptoms in common, yet I believe an attentive observer will experience little difficulty in recognizing the existence of either, if the symptoms are tolerably well marked. Those which distinguish laryngitis, are the soreness of the throat, and the blush of inflammation observed in the fauces, in the onset of the disease—the early and great suppression of

the voice—difficulty of deglutition—and the seat of distress being the region of the larynx. In all of these respects it differs very strikingly from croup, in which there is no previous affection of the fauces—no loss of voice—no difficulty of deglutition. In croup, moreover, the disease extends down through the trachea into the lungs, and there is always present that peculiar ringing cough, which is at once recognized by those who have ever heard it."

In the treatment of the disease the indications seem to be to arrest the progress of the disease and thus prevent effusion, or should this have taken place to make an opening in the trachea which will enable the patient to breathe until the obstructions are removed. The first may be accomplished, when the affection is curable, by blood-letting, emetics, cathartics, blisters and mercury, but although an opening may readily be made in the trachea to affect the latter, still but few cases recover after such an operation.

Blood-letting is undoubtedly our sheet anchor in the cure of acute laryngitis. It should invariably be carried to incipient syncope, if not to actual fainting, especially when the physician is called in the early stages of the disease. If, however, effusion have taken place venesection would, indeed, be of doubtful utility. In all cases where blood is drawn, the amount necessary should be taken at one or at most two operations.

Antimonials are, perhaps, next to the lancet in the cure of this disease. Nauseants rather than actual emesis are most useful. They should, however, occasionally be administered in quantities large enough to vomit.

Mercurial cathartics should also be resorted to at an early period, with counter-irritation after the acute symptoms have subsided. We have frequently found the early application of cloths dipped in hot water to the throat, followed by the most pleasing results. He who bleeds for effect, and follows the operation with antimonials, in solution, with mercurial cathartics and hot applications to the throat will seldom lose his patients in this painfully dangerous malady.

The paper on the non-contagious nature of yellow fever is a valuable article, but as none among our physicians, believe

the disease to be strictly contagious we shall pass it by at present.

His next paper is on the use of mercury in the cure of Onychia Maligna. This disease has never assumed the malignant character within our knowledge, and were it not for the respectable testimony adduced in favor of its violence we could scarcely credit the effects it is said to produce. Our author, after the plan of Mr. Wardrop, administered mercury until incipient ptyalism, for the cure of the disease, with the most happy results.

We shall close our observations on this little work by a quotation from his cases of ulceration and perforation of the stomach. The case may be both useful and interesting to some of our readers.

In the month of January, 1820, I was requested to visit Mrs. P——, aged sixty years, who I learned had been ill for some months previously. I found her laboring under very decided symtoms of hydrothorax, together with œdema of the lower extremities. The difficulty of breathing was so great, as to render the recumbent posture utterly impracticable. She complained of no pain or uneasiness in the region of the stomach, and was not troubled with nausea or vomiting, although her appetite had in a great measure left her. From the hopeless condition in which the patient was found, it was evident that nothing could rescue her from speedy dissolution. Some medicine, however, was ordered, which she took very readily, and retained on the stomach, as she did also all her drinks and nourishment. No relief was obtained, and she died in a few days after I first saw her.

"*Dissection.* Leave being obtained, my friend, the late Dr. James K. Platt, and myself, opened the body on the morning succeeding the day of the patient's death. In the chest were found traces of considerable previous disease. Extensive adhesions of the pleura to the parietes of the chest had taken place. The extremity of the left lung was indurated, and instantly sunk on being put into water. Within the pericardium and in the cavity of the chest nearly a quart of fluid had been effused. On opening the abdomen, the liver was found in a perfectly sound condition, as were also the pancreas and spleen.—Greatly to our surprise, the stomach was discovered to be the seat of very striking and interesting morbid changes. The whole of the inner surface of this organ presented a highly florid and vascular appearance, and along the lesser curvature there were *five ulcers*, one of which, situated about midway between the cardia and pylorus, had penetrated quite through the different coats of the stomach, and formed a circular hole of about the size of a shilling. The remaining four ulcers were of various sizes, not differing much, however, in this

respect, from the one just described. The edges of the ulcers were a good deal thickened, and very smooth. This was more especially the case with the one which perforated the stomach. All of them were surrounded by the vascular appearance already mentioned as characterizing the inner coat. None of the contents of the stomach had escaped into the abdomen. That this had not taken place is to be ascribed entirely to the situation of the perforation. The stomach itself was found to contain about a pint of fluid. It will readily be imagined that the morbid appearances just described were wholly unexpected, as I had not been aware that any symptoms of a diseased state of the stomach had been betrayed before death. With the view, however, of obtaining more accurate information on this point, I inquired minutely into the previous history of the patient, and ascertained that she had been asthmatic, but that she had never complained of pain or uneasiness in her stomach; had never been troubled with vomiting; and that her appetite had remained tolerably good until three or four weeks of her death.

W. W.

Art. V.—General Therapeutics.

General Therapeutics, or Principles of Medical Practice, with tables of the chief remedial agents, and their preparation, and of the different poisons and their antidotes. By Robley Dunglison, M. D., etc. Philadelphia, Carey, Lea and Blanchard, 1836, pp. 580, 8 vo.

Few writers in our profession, have been more industrious than Professor Dunglison, and fewer still have sustained themselves equally as well in the course of so many practical publications. From the hasty perusal which we have given the above work, we are inclined to think that it possesses equal if not superior merit to any which have preceded it from the prolific pen of its author. The style of the Doctor is plain and simple and wholly divested of the useless ornament which marks the pages of so many of our modern writers.

We will not attempt, at present, to enter into an analysis of the book before us. This we will most probably do at a future

period. At present we have only room enough to allow of a brief general notice of the work.

Unlike most writers our author has sent his work abroad without a preface, and of course without apologies or promises. He commences his book with a chapter on the general principles of Therapeutics, and closes it with a couple of copious indexes, leaving it for the reader to discover its merits or demerits by a perusal of the whole, a task which we have performed in a hasty manner. From what we have learned, however, we venture to say that few enquiring minds will rest satisfied with such a perusal of the volume. It shows the learning and research of its author on every page, and as an electic production, it will bear comparison with similar works, in any country. Unlike the works of Chapman and others, it does not enter upon a description of the different curative agents, with a list of diseases, which each is said to relieve, appended, but it takes up the different classes of medicine, and investigates them as a class, with the indications they are to fulfil, in the most philosophical manner, leaving it for the student or practitioner to select the particular medicine required, according to the dictates of his own judgement and nature of the disease. The student who opens the works of Eberle and others will find that a single medicine is frequently said to cure almost all the diseases to which flesh is heir. This only serves to perplex his mind without giving him any just notions of the department which he is about to study. We would advise our readers to purchase and peruse it for themselves.

W. W.

ANALECTIC, ANALYTICAL, AND ORIGINAL.

I.—ANALECTIC.

Ad Sylvas Nuncius.

1. *Puerperal Convulsions.*—In the summer of 1833 I delivered a lady of her second child. The delivery was accomplished within an hour and a half from the first announcement of labor. Being hurried away to another case, I left her very comfortable, 30 or 40 minutes after delivery. About one hour and a half after, she was suddenly seized with a very violent convulsion, of that species described by Velpeau as *Apoplectic Eclampsia.* Before she could be administered to, another convulsion returned on the profound stupor and heavy stertorous breathing which followed the first. A consultation of physicians was present. The pulse being slow, but full and strong, liberal depletion was practiced. All the intermediate apoplectic symptoms continued notwithstanding. Soon after this second paroxysm, I arrived. Whilst receiving the above account, a third paroxysm supervened, which I witnessed, and which was very severe indeed—commencing during the stupor and stertorous breathing, full pulse, etc., by a drawing of the eyes and then the head to one side, until the body was universally convulsed, with frothing at the mouth livid skin, etc. This soon subsided, and was followed by the same apoplectic symptoms. On examination, notwithstanding the copious depletion from the arm, it was discovered that the uterine hæmorrhage was very copious indeed; the whole napkin, which had been but 10 or 15 minutes in application, being completely saturated, beside a large quantity of coagulated blood surrounding her in bed. On the external touch, the uterus presented no firmness; but the whole hypogastrium perfectly flaccid. The uterus was immediately grasped and

agitated repeatedly through the abdominal parietes, until its contractions could be distinctly perceived to return with increasing strength, every four or five minutes. From the first application of the hand, no other paroxysm returned, and after about fifteen minutes from the commencement of this operation, the apoplectic symptoms disappeared, and she opened her eyes with intelligent expression, looked about as if surprised at seeing the family and physicians about her, and asked where was her child. It was brought, and she received it into her arms. She then asked for something to drink. A cup of weak tea was soon brought, which she drank sitting, spoke several times, and was again placed in bed.

I remained with her about an hour after, continuing the manual operation for exciting the uterus. Finding that she continued free from all alarming symptoms, I instructed her nurse to maintain the perpetual contraction of the uterus by the same process I had used, and left her, complaining of nothing but some painful sensations in the uterus at every contraction, amounting to slight after pains. The hæmorrhage had been reduced to the ordinary quantity for the period.

A few months after, I was present with another lady, who, after having had several convulsions of the same character, the first occurring in the latter part of the second stage of labor, was then suffering the intermediate apoplectic symptoms. On directing attention to the abdomen, the uterus was found in the same relaxed condition as in the former case. It was stimulated to action by the same means, and within from 20 to 25 minutes, the respiration, as well as the expression and color of the face, became natural; she opened her eyes with a natural expression, yawned, and turning her head to an easy position, slept well. It was found that she also had flooded very copiously. She had no more convulsions.

In view of the present state of the profession on this very interesting and important disease, I cannot withhold the facts of these cases from the public. They are given in the hope that in the present imperfect state of the pathology and treatment of these convulsions, the curative indication, in some cases at least, may be made so plain as to lead to more favorable practical results. What is the pathology of these cases? Was there a *passive* hæmorrhage from the uterus? And was there at the same time a strong general action of the heart, and a great determination of blood to the brain? And did the exciting means used with the uterus *equalize* the action of the whole system, by arousing the energies of this passive organ; and thus by a prompt and decided derivation of excitement, at once relieve the brain of its ruinous burthen? Or was the eclampsia a mere nervous phenomenon, arising out of the debility and consequent increased irritability of the motor apparatus; and the symptoms strictly apoplectic, only a secondary effect, arising from cerebral compression from blood forced into the brain by the violence of muscular contractions in this spasm? And did the excitement of the uterus so far employ the excitability of the system as to relieve other parts of that excess which predisposed to spasm? Would not ergot have produced the same beneficial effects as the manual operation employed, if it could have been administered? (yet it could not have been in either case.) May or may not the previous bleeding have prepared the system more perfectly for this

counter-excitation? And would further bleeding have ever produced this equalization of action? Would not the patients have died without proper excitation of the uterus having been directly effected? May not the powerful antispasmodics which are, when they can be, almost always exhibited in these cases, operate, when they do operate beneficially, simply on this principle, (i. e.) exciting the uterus particularly, rather than the system generally? Would not tartar emetic have failed as well as continued depletion in these cases?

It is earnestly hoped, for the good of humanity, and the credit of the profession, that these facts and interrogatories may lead to more accuracy in pathology, and consequently, successful therapeutics.—*Southern Medical and Surgical Journal.*

2. *Carcinoma of the Tongue, successfully treated with the Ligature.*—In the American Intelligence contained in the American Journal for February, we have an account of a case reported by Dr. Donnellan, of Donaldsonville, Louisiana, of a large, ragged, ill-conditioned ulcer of the tongue, which, from its present character and the history of the case, he considered concerous: cured by the ligature, as recommended and practised by Sir Edward Home. The ulcer occupied the right anterior part of the tongue to a considerable extent, and was progressing very rapidly. The subject was a very corpulent women, 25 years of age, and in the 8th month of pregnancy, when he first saw her: at which time there was but a small ulcer on the part, apparently of no importance. On the 23d day after, on being called to the case, he found that the ulcer had made such fearful progress, that he deemed it proper to operate, and risk its effects on her pregnancy, in preference to allowing the ravages of the disease, even for the short remnant of the gestation period.

A crooked needle armed with a strong ligature was passed through the middle of the tongue behind the ulcer. The ligature was then cut at the needle, and one tightly drawn and tied on each side of the ulcer; thus cutting off the circulation from the diseased portion which constituted a considerable segment of the right side and tip of the organ. The pain on tightening the ligatures was very intense, but was soon relieved by 60 drops of Tr. Opii.

A few hours after the operation, a copious salivation supervened, which continued till the dropping off of the diseased part. Five days after the operation—29th April, deep sloughs were produced by the ligatures. On the 4th May, ten days after the operation, a single ligature was applied in the fissures caused by the old ones, so as to embrace the whole, which dropped off on the 6th—twelve days after the operation. On the 11th May, the vacuity was found fast filling up with granulations, and on the 23d, was perfectly cicatrized—the patient having given birth, some eight or ten days previous, to a fine healthy child. Her articulation was but slightly impaired, and at the last observation she continued in excellent health.—*Ib.*

3. *Sketch of the case of Dr. Crosby.*—By R. D. Mussey, M. D. Professor of Surgery, etc. in the Medical Institution, Hanover, N. H. Died at Hanover, N. H., Tuesday, April 12, 1836, Dr. Asa Crosby, æt. 70, of rupture of the gall-bladder.

This gentleman had been subject, for some years, to attacks of colic, with constipation. At 1 o'clock, on the morning of the Friday preceding his death, I was called to visit him, and found him laboring under pain of the abdomen, with costiveness. He told me that he had been feeble, with some pain in his bowels, for a few days, and that, in his opinion, a gall-stone was lodged in the bile duct;—he said that he had a similar attack last autumn, when, as he believed, a biliary concretion passed the bile tube after having been lodged there for some days. He had now taken, within a day or two, some cathartic pills, such as usually suited him well, but they had not operated. He was somewhat alarmed by a strong rigor, with but little sensation of cold, which had attacked him half an hour before I saw him, and which had not entirely subsided, although there was no sense of coldness remaining. There was tenderness of the epigastrium. I prescribed enemas, which gave him pretty clay-colored discharges, with considerable relief. On Thursday the family had observed a degree of yellowness of the skin and conjunctiva. This was more vivid on Friday. During this day, a diffused tenderness over the abdomen was manifest, and the bodily strength declined. On Saturday and Sabbath, these symptoms increased, notwithstanding the bowels were opened without much difficulty. A free bleeding brought temporary relief and exhibited buffy blood, but the strength gradually failed, until Tuesday morning at 6 o'clock, when he died. The yellowness of the skin slowly faded after Friday, and was very slight at the time of death.

Post-mortem appearances.—A portion of the abdominal peritoneum and that of a part of the small intestines were slightly adherent, with a thin layer of lymph interposed. Several coils of small intestine moderately reddened; half a pint or upwards of serum in the peritoneal cavity. A deep yellow color was extensively diffused over the right side of the abdomen; the gall-bladder, covered with fat, was empty and shrunk, and on opening it, a perforation of its coats, upon its hepatic surface, was observed, one third of an inch in diameter. A great deal of fat surrounded the kidneys. On the right side of the abdomen this was colored with bile, and from the root of the liver to the lower part of the right iliac region a very large quantity of bile was deposited, entirely *behind* the peritoneum—this membrane not having been ruptured.

In the common biliary duct, a gall-stone, of the size of a large pea, was fixed at the distance of about an inch from the intestine. This duct was very small between the gall-stone and its outlet, but from the gall-stone to the gall-bladder it was dilated sufficiently to admit the little finger. No other gall-stone was found in any part of the biliary apparatus.

There was nothing worthy of remark in the chest, except perhaps, a slight thickening and shortening of the mitral valve. In the brain nothing was observed, except the size of the medulla oblongata, which was smaller than I recollect ever to have seen it in the adult brain.

There can remain no doubt as to the cause of death in this case, viz. inflammation from affected bile; the effusion occasioned by rupture of the gall-bladder from an obstruction of the common duct. Did the rupture take place about the time of the accession of the rigor on Friday morning?—*Bos. Med. and Surg. Jour.*

4. *Cold Baths in the treatment of Chorea.*—Chorea is one of those diseases of whose seat and nature we are entirely ignorant, and, of course, whose treatment is entirely empirical. An enumeration of all the therapeutic means which have been from time to time extolled for its relief, would nearly comprise the whole materia medica. Of all the curative means, the bath, either simple or medicated, is that at present most generally used in France, and appears to merit the most confidence. It was a favorite remedy with Dupuytren, who said he had never seen a case of St. Vitus's dance resist the bath by immersion. His method of administering it was, to cause the patient to be held by two persons, one having hold of the arms, and one of the feet, and then the whole body to be immersed in the water, and immediately withdrawn, which operation was repeated seven or eight times in the space of ten to fifteen minutes. After this operation, the patient was carefully wiped dry, and either taken to bed or required to take half an hour's violent exercise. With females, Dupuytren was contented to employ simple cold affusions to the head. This method was not without its inconveniences. Cerebral congestions are apt to be produced if the head is not immersed at the same time with the rest of the body; and thoracic phlegmasiæ have been produced by it. At the *Hospital des Enfans*, a simple cold bath is used; and this is not used in severe weather. The patient remains in it about an hour. If cold affusions are judged necessary, the patient is placed in a tepid bath, the chest enveloped in a pelerine of gum taffeta, and cold affusions are then made to the head. The regimen is always tonic, the patient taking at each meal a certain quantity of wine. Three striking cases are related by T. Constant, as having occurred at the Children's Hospital, which strongly attest the efficacy of the cold bath in *Chorea St. Viti.—Bulletin Generale de Therapeutique, Medicale et Chirurgicale.—Ib.*

5. *Examination of the Head of Fieschi, the French Assassin.*—The cranium presented exteriorly the marks of two wounds, one of which was situated over the posterior-superior angle of the left parietal bone, and occupied a considerable surface; the other, much smaller, was seated a little above the extremity of the left eyebrow. Near the angle of the mouth, on the left side, was an oblique cicatrix, nearly half an inch in length, so completely formed, that it might have passed for the mark of an old wound. The external wound of the integuments, above the ear, was not yet closed.

The soft parts were now carefully removed by a crucial incision, and the bone exposed. At the point corresponding with the wound in the left parietal bone, was observed an oval projection of the osseous wall, as large as a crown-piece, this prominent portion of the bone was perfectly circumscribed, and bore some resemblance to a watch-glass fixed in its circle. Its surface was throughout uniformly convex, except at a small point inferiorly. On cutting through the skull, and examining its internal surface, a concave space of the same form and dimensions corresponded with the external projection, and it now became evident that the latter was nothing else than a portion of the skull, which had suddenly and in totality been removed, as it were, by the action of a punch, and being at once replaced by the surgeon, had subsequently united to the rest of the cranium. A very thin false membrane lined

the internal surface of the fractured bone, and separated it from the dura mater; however, the membranes of the brain near the wound were perfectly healthy, and presented trace neither of external lesion, nor of inflammation. It was evident the brain had not been injured, a circumstance which explains how the assassin was able to descend from his chamber-window by a cord into a neighboring court; yet the shock must have been dreadful. The wound on the forehead seemed only to have entered the external wall of the frontal sinuses. Fieschi, during his trial, spoke of seventeen or twenty fragments of bone which had been removed from his head; this was an exaggeration, if not false, for nowhere could any loss of substance be perceived.

The nature of the wound, and particularly its mode of union, offer several particularities of the highest surgical interest. No doubt M. Lelut will shortly publish a detailed account of the autopsy.—*Lancet.*—*Boston Medical and Surgical Journal.*

6. *Double vision.*—Two cases of double vision are related in a foreign medical journal, in both of which, at a certain distance from the eye, two distant objects were seen, one a few inches above the other. One was in a musician, a young man of 22, of abstemious habits, and who had applied himself assiduously to playing and writing music, being often thus engaged a greater part of the night. It was thought, in this case that the habit of looking at two bars of music at once was the cause of the affection. The other case was first noticed, by a gentleman while traveling in the south of France. There was an uneasiness in the head, a confinement of the bowels, and, in the left eye, a yellowish spot as large as a pea was noticed, although in this case, as well as in the other, both eyes were equally affected. In two months, the patient having been purged and cupped, and having also returned to his previous habits of active exercise, the affection wore off.—*Boston Med. and Surg. Jour.*

7. *On the Modifications of Structure in the Thorax and Lungs, produced by Age.*—By MM. Hourmann et Dechambre.—1. *Thorax.* There are two different conditions. (1.) A certain number of old women retain a fresh appearance, color in their cheeks, suppleness of the skin, few, and not deeply-marked wrinkles. Their breasts are voluminous, generally pendant, but sometimes firm. The whole thorax is covered with a layer of fat, the muscles are well nourished and vividly red, the cartilages of the ribs retain some of their whiteness and elasticity; in some cases not one is ossified. There is but little change in the texture of the sternum and ribs. In some cases there is some lateral flattening of the upper part of the chest, augmenting the antéro-posterior diameter at the expense of the transverse, so that anteriorly it appears very narrow between the armpits. The base however is large, so that it looks like a truncated cone. Sometimes there is another contraction, which is less marked, about the level of the eighth rib. Both contractions, however, are more evident in the second form.

(2.) This is the most frequent; the other evincing a vigorous condition, which is an exception. The lateral and superior flattening is carried to an extreme degree, as has been noticed by Soemmering. The posterior curve of the ribs is consequently increased, forming a

marked round or angular prominence on each side of the dorsal spine. When unequal and on both sides it is often attributed to lateral curvature; and when unequal on one side, forming an uneven surface, it impedes immediate auscultation. From the mobility of the sternum it is carried forwards, so that the anterior part of the chest looks as if formed by two inclined planes, meeting in front, with the angle of union truncated. Another deformity is owing to the use of stays, which by contracting the base of the thorax give it the form of a small barrel. In many cases, however, the contraction is three or four fingers' breadth above the lower margin of the ribs: so that the margin itself instead of being thurst into the abdominal cavity, is turned outwards, and the edges of the last cartilages form a marked prominence beneath the soft parts. This alteration of form is important, from the changes it produces in the viscera beneath. The liver instead of being always pressed up towards the chest, is, on the contrary, thrust downwards into the abdominal cavity. The portion beneath the stricture is found strongly applied to the upper surface of the liver, which often bears the mark of the pressure that it has suffered on a level with the contraction. The right lung is not pressed up towards the summit of the chest, but is elongated by following the liver in its descent, so that there is not the usual difference in the length and volume of the two lungs. The sternum is forced forward, but as the clavicle and first rib prevent its motions superiorly, the xiphoid cartilage is pressed backwards, and is sometimes overlapped by the cartilages of the last true ribs, which are brought so near together as sometimes to cross each other. (See Cruveihier's Anatomy, vol. i.) This force, acting in contrary directions at each end of the sternum, produces a kind of separation of the two upper pieces of which it is composed, and an arched eminence at the point where the diastasis takes place. Soemmering has remarked this, as well as the change in the relation of the anterior planes of the thorax and pelvis. They no longer correspond, but the former exceeds the latter; the contrary being the case with old men.

The dimensions of the chest are also changed in the longitudinal direction, from a diminution in the heighth of the intervertebral substance. Fischer mentions the case of a man, æt. 100, in which nine of the vertebræ were reduced to a complete colume of bone; and the same change was observed by Boerhaave in the whole length of the spine; our authors have seen very commonly three or four vertebræ thus united. Haller attributed this to the absorption of the intervertebral substance, and Morgagni to its ossification; both admit, however, that the spine is shortened. The absorption is more common, than ossification. As the muscles from age become unable to maintain the trunk erect, it bends forwards; and the flat surfaces of the bodies of the vertebræ press strongly against the anterior part of the disks which separate them. In this way (as Seiler observed) union takes place, rendering the inflexion permanent. The last cervical and first dorsal vertebræ are most bent. In some the cervical region makes almost a right angle with the dorsal, and the chin rests against the sternum. A curve in the opposite direction occurs in the lumbar spine, the convexity of which pushes the base of the chest forcibly forwards. From this shortening and curve of the spine, the interval is diminished between the inferior margin of the thorax and spine of

the ilium, and also the ribs approach each other more nearly, especially in front. If it is also recollected that from the lateral flattening of the thorax, the ribs are so twisted that their external face is turned directly, instead of obliquely outwards, so that their edges are placed perpendicularly one over the other, the contracted state of the intercostal spaces will readily be conceived. Seiler has also noticed as a consequence of this bend, the elongation of the extensor muscles, and the contraction of the flexors, which contraction becomes permanent; as is seen particularly in the sterno-cleido-mastodei, which appear like cords when the head is a little raised.

The textures covering the thorax are atrophied; the mammæ and fat have disappeared, and the muscles are very thin. The skin is thin, rough, dry, and of a dirty brown color. The form of the muscles is seen distinctly. The diaphragm, as may be imagined from so many changes in the form of the thorax, is thrown into folds, which make impressions on the liver. The parts which compose the sterum are united; its cells are large, and often filled with a reddish pulp. The ribs are also less dense, and have lost their elasticity. The cartilages of the first and second ribs are ossified, but it is rare to find bony incrustations on the others; when it takes place it begins in the centre. Union of the chondro-sternal articulations is rarer than is imagined; the costo-vertebral joints generally preserve their mobility.

2. *Lungs.* The lungs of the old are variable in their aspect. The varieties may be comprehended in three typical forms, by which one lung may differ from another, or parts of the same lung from other parts. Magendie has attended to this subject.

1st. Type; or the lungs of muscular, stout, vigorous old women, with a capacious thorax. The external aspect differs very little from the lungs of an adult; except in the direction of the great interlobular fissure, in those cases where there is lateral flatness of the thorax. This fissure in the adult has the upper lobe lying immediately above it, and passes obliquely to the root of the lungs, so that on the right side the central lobe occupies exactly the middle part; and on the left, has the lower-lobe immediately beneath it. But in old age the fissure becomes vertical, so that one lobe of the left lung is directly in front and the other behind, and the middle lobe of the right lung projects downwards, and the lower lobe becomes elevated behind it, so as to form the posterior fourth, or even more, of the summit of the organ. Thus pneumonia of the summit may be seated in the inferior lobe.

2d. Type. The lungs are of regular form, but small, light, and hardly capable of being distended sufficiently to fill the thorax, even by the strongest inflation. They are bathed in limpid serum. Heart small, thorax contracted, soft parts emaciated.

3d. Type. Lungs forming a mass, of which the surface is irregular, pressed close to the spine, and surrounded by much serosity. They are livid and flabby, have lost their conical form, the summit being often larger than the base. The lobes are sometimes merely united by a flat thin pedicle, which leaves them as it were floating: the fissures have disappeared. Inflating them does not much increase their size. They are very light, and give to the touch the sensation of a skein of flax. Heart small, often anæmic; and the thorax often excessively emaciated.

Intimate Structure. To examine this the lungs were simply dried, and not previously inflated, for obvious reasons.

1st. Type. A thin dried section appeared full of rounded holes, approximating like those in lace. Their diameter was about a quarter of a line, and each was perfectly isolated and distinct. The pulmonary tissue was divided and subdivided very minutely by linear tracts, which were seen by a glass to be evidently vascular.

2d. Type. A similar section was made: the cells were not round but elongated into ellipses so as to look like a series of chinks, sometimes a line in length, and terminated by two commissures more or less angular. The vascular tracts were equally elongated, and less numerous. The circumferences of the cells were distinctly seen and isolated.

3d. Type. The cells were of no distinct form: a section could only be compared to torn net-work, whose debris intercepted the irregular spaces. But very few small vessels could be seen by a glass, and there was no division into lobules.

Such was the appearance in those who had not had symptoms of disturbed respiration, and so far they may be considered normal. This natural emphysema is more clearly shown when such sections are compared with others from the lungs of adults. In an adult the cells are at least only half the size. In Type 1, the cells were one fourth of a line; in an adult, they were one eighth, or at most one sixth of a line; and in children of four to six years old, about the twelfth of a line, finally, in a newly born infant, they were no larger than holes made by the finest needle. These facts verify the law announced by Magendie, from a comparatively superficial examination, that the density of the lungs diminishes, together with the quantity of blood they admit, with the progress of age. The thorax itself is gradually accommodated to this change; it becomes atrophied as the lungs atrophy; it contracts as they contract; and the diminution of their vascularity, which is always in relation to the diminution in texture, shows the direct proportion between the weakened chemical power and the dimished mechanical forces. The effusion of serum may be owing to the thorax being unable to contract beyond a certain point, so that as the lungs still diminish this may fill the vacancy.—*Archives generales de Medicine*, Aout, 1835.—*British and Foreign Medical Review.*

8. *On the effects of Nux Vomica and Aconite on Animals.*—By Dr. Lombard, of Geneva.—Dr. Lombard, while employing these remedies in his clinical practice, thought of trying their effects on animals, and made some experiments accordingly, chiefly in reference to their action on the heart. The experiments were performed on frogs, whose hearts beat with great regularity, and for a considerable time after the animal had been mutilated. The medicine was intoduced into the stomach, or applied locally to the heart, which was laid bare after the animal had been stupified by blows on the head.

1. *Nux Vomica.* When introduced into the frog's stomach, it produced tetanic convulsions, which in a few hours caused death. The contractions of the heart were sometimes strong and complete, sometimes irregular, tumultuous, and intermitting; always diminished in frequency. Applied locally to the heart, it slightly stimulates, rendering the pulsations more energetic and frequent.

2. *Aconitum.* Its internal employment renders the pulsation less frequent, without irregularity. It has, therefore, a decidedly sedative effect on the heart.

From these experiments, M. Lombard ventures to predicate the effects of the same remedies on the human body, and thence deduces the following practical inferences:

1. That nux vomica cannot be used with advantage in any diseases of the heart; for, although it diminishes the frequency of the pulsations, it renders them irregular.

2. That the aconite, being decidedly sedative, is a proper remedy in active diseases of the heart.

This effect of aconite has been observed on the human subject. In cases of poisoning, the contractions of the heart have been found diminished, and almost suspended. (Orfila, *Toxicologie*, t. ii. p. 221.) It is also considered by the homœpathists to be be an energetic antiphlogistic. On these grounds, M. Lombard has tried it in acute enteritis, pneumonia, etc., with success, and also in hypertrophy of the heart. He has often found some drops of the tincture diminish the frequency of the pulse, but more frequently diminish its strength and hardness.—*Gazette, Med. de Paris*, Oct. 10, 1835.—*Ib.*

9. *Pathology of Rheumatism.*—By M. R. Parise.—[This paper is written to prove that rheumatism is an irritation either of the large nervous trunks, or their ramifications, or their intercellular expansions, or the fibrillæ running among the muscles; that is, one of the neuroses. The author does not include articular rheumatism, which he regards as a simple inflammation of the membrane lining the joints. He has suffered from rheumatism in his own person, and as this does not deprive the sufferer of his mental powers, or interfere with their activity, we may admit this claim to attention. His arguments a re—]

1. That pressure does not increase the pain, but often diminishes it. It is striking how the slightest notions of a limb may increase the pain, whilst compression relieves it.

2. It does not terminate in appreciable organic lesions, even though it should last for months or years. The muscular and nervous tissues are unchanged: there is never supuration, and it is doubtful whether serous or gelatious effusions beneath aponeroses, or the sheaths of tendons, is the result of rheumatism which has preceded them.

3. Its mobility is a distinguishing character.

4. Its change of situation does not change its nature, although it goes by different names. Thus it is the same disease which in the head is called *gravedo*, in the neck *torticollis*, (wry-neck,) in the side *pleurodynia*, in the loins *lumbago*, and along the sciatic nerve *sciatica*.

5. Rheumatic pains are more severe in the night, which is a character of neuroses. Heat cannot explain the fact, for the same heat during the day has no such effect. The cause is hidden.

6. Rheumatic parts are affected constantly by changes in the air and by electricity; the sufferers are living barometers; and this can be explained by the anormal sensibility of the nerves.

7. The distinguishing characters of the neuroses are, the irregularity of their progress, a tendency to periodicity, a disposition to cease and to return rapidly. These features distinguish rheumatism.

We shall offer no apology for not translating the following pertinent jeu d'esprit from one of Madame Sevigne's letters to her daughter, as it is too "spirituel" to bear translation. "Devinez ce que c'est que la chose du monde qui s'en va le plus vite et qui s'en va le plus lentement; qui vous fait approcher le plus de la convaelscence, et qui vous en retire le plus loin; qui vous fait toucher l'etat du monde le plus agreeable, et qui vous empeche le plus d'en jouir; qui vous donne les plus belles esperances, et qui en eloigne le plus l'effet; ne sauriez-vous le deviner? Eb bien! c'est un rheumatisme."

8. The facility of return after its apparently complete cure is so constant, that adults, and still more old people, never are sure, after having been several times affected, that they are permanently cured. Hence the rheumatic diathesis. Young people are more often completely cured; which is probably owing to their perspiring more freely and generating more heat, from a more active capillary circulation. This becomes more languid in advancing years; and explains the greater tendency to rheumatism in the old; in different seasons and climates; and the action of flannel, rubefacients, etc., in its cure.

9. Finally, it is often cured by antiperiodics, as bark; but M. Parise proposes to discuss its treatment on other occasions.

The obscurity which hangs over rheumatism renders ever attempt at its elucidation recommendable. The similarity between rheumatism and neuralgia is clearly stated by M. Parise, but his opinion that articular rheumatism is a pure and simple inflammation of the membrane lining joints, going through the usual stages of inflammation, and requiring a similar treatment, is too hasty an assertion. If this were the case, there would be no difficulty in the matter; but the circumstances of its not yielding, like other inflammations, to treatment, its not producing the same rapid disorganization, its rapidly shifting its situation, the facility of its return, and the difficulty of a complete cure, mark its specific nature, and have led pathologists to class it with the affection which M. Parise has described.—*Bulletin general de Therapeutique*, Julliet, 1835.—*Ib.*

10. *On the use of Purified Alumina in Infantile Cholera, and of Sulphate of Copper in softening the Stomach.*—By Dr. G. E. F. Durr.—Dr. Durr has been in the habit of using the *Argilla depurata*, in the dangerous forms of diarrhœa and cholera, which are liable to attack children especially during summer, with considerable success, since the year 1826. Its action appears to be very different from that of the carbonate of potass or magnesia. It may be given with perfect safety during the first stage of the disease, when on account of the inflammatory symptoms the muriate and carbonate of iron and opium are contra-indicated, and yet where the rapid course of the disease requires decided and active treatment. It has acted successfully in cases where these astringents and also chlorine water have failed; and Dr. D., prefers it to the acetate of lead, which at this early age is rather a questionable remedy. To use the argill successfully, we must give it in pretty large doses, viz. from half a drachm to one drachm, in any proper vehicle, during the twenty-four hours.

The chief symptoms of this dangerous affection, which runs its course in from two to ten days, are profuse vomiting, without any effort, of a sour smelling fluid varying in consistence; in many cases

diarrhœa had lasted a whole week, when the first alarm was excited by the sudden appearance of vomiting. Collapse and rapid emaciation of the body followed, with depression of the anterior fontanelle; hollowness of the eyes, paleness, alteration and shrinking of the features, cold extremities, hot occiput, and more or less fever; *agrypnocoma*, or a lethargic state without actual sleep, restlessness, crying, whining, throwing itself from one arm of the nurse to the other, drawing up the feet to the abdomen, want of appetite, great thirst, stiffness in the nape of the neck, and the stomach so distended that it projected in the left hypochondrium like a distended bladder.

Dr. Durr's practice in this disease was to quiet the irritation in the stomach and bowels by emollient oleaginous remedies in combination with the argill: to excite the activity of the skin, by extr. cicutæ internally, and the application of an epipastic powder externally. The immediate effects of this were diminished frequency of the evacuations, the natural yellow color returning, quiet, excoriations in the folds of the skin about the neck and groins. In very young children the cerebral affection was often allayed merely by the chlorine water (aqua oxymur.;) in older children, or where the symptoms were more violent, by leeches to the scrobiculus cordis, or behind the ears, according to circumstances; the dryness of the skin, the lethargy, and coldness of the extremities, were treated with baths of chamomile and salt, and with cold lotions to the head; warm stimulating aromatic fomentations were used from time to time, and enemata of elder and linseed, to which the yolk of an egg rubbed down with linseed oil was added. Dr. D. assures us that in other acute diseases also, where the rough dry state of the skin and defied the usual remedies, gentle perspiration had followed the use of these enemata. The epispastic powder which he mentions was first described by Autenrieth; it consists of fresh prepared mezereon bark powdered. When the skin is not very delicate, it not unfrequently fails to produce any effects. Dr. D. has used it combined with calomel, and in very severe cases combined with corrosive sublimate, with great certainty and effect. The spot to which it is applied usually becomes red in the course of from six to twelve hours, and in about as much more time moist and excoriated. If the powder will not stick, he moistens the spot with a little saliva or lard.

The result of his practice is decidedly favorable; of 67 children from the time of birth to the age of fifteen months which he has treated for this disease during 1833 and 1834, he lost only seven. Dr. Durr has given several interesting cases, both successful and unsuccessful, together with the examinations of the latter after death. Great congestion of the cerebral vessels, and considerable softening of the stomach, so that portions of it were quite pulpy, were the chief features, and in one case there was perforation. We regret that our limits will not permit us to quote more than one of these.

Acute Softening of the Stomach.—A weakly but apparantly healthy female infant, eleven days old, brought up on saccharum lactis. The parents lost a child at the same age in August 1833, with symptoms of a similar description, in three days. The child sickened rapidly (Aug. 1834,) with diarrhœa of clay-colored evacuations; constant screaming, restlessness, red tongue, hot skin, distended stomach. ℞ Ol. Amygdal., Mucilag. Acaciæ, aa ʒ ij. Syrupi Altheæ ℥ ss.

Argillæ depuratæ, ʒ ss. Aq. Lauro Cereasi, ℈ ss. M. sumat cochl. min. j. quaque hora. The child recovered.

In the course of a week the same symptoms returned, with aphthæ and erythematous eruption over the whole body; the same emulsion was ordered with the addition of extr. cicutæ, gr. j. The child again recovered entirely. When about three weeks old (Aug. 24,) the diarrhœa returned with vomiting, drawing up the feet to the abdomen, screaming, restlessness, paleness of the face, and the eruption becoming fainter; the same mixture was ordered with the addition of Extr. Cicutæ, Rad. Ipecac. aa gr. j. Enemata, aromatic fomentations. Unguent. Cantharid. behind the ears, and the strong epispastic powder between the folds of the skin in the neck, exillæ, etc.

2d day. Little alteration during the night, except that the diarrhœa was not so frequent, eruption still scarcely visible. Stiffness in the spinal column; extension of the limbs; five green spinach-like evacuations; hands and occiput hot; eyes somewhat sunk; anterior fontanelle slightly depressed; slight convulsions; a half moribund look, alternating with screaming, during which the eyes become a little more animated.

℞ Mucilag. Acaciæ, Syrup. Altheæ, aa ʒ ss. Argillæ depurate, Liq. Ammon. Acet. aa ʒ ss. Pulv. Ipecac. gr. j. Ext. Cicutæ, gr. ij. M. sumat cochl. minimum quaque hora, contin. omnia.

3d day. Better during the night; bowels opened four times, yellow, not as watery; eruption again visible on the hands; skin moist; excoriations behind the ears; the neck and axillæ are more red, not yet moist, eyes more lively, less restlessness; symptoms of ulceration in the mouth. Pergat.

4th day. Bowels open only once; eyes not so hollow; excoriation of the nates and neck; continue the emulsion, adding to it half a scruple of argilla (in all two scruples.)

5th day. The whole appearance, as also that of the eyes is natural; fontanelle likewise; three yellow evacuations; the soft parts which had been powdered are red; repeat the emulsion only every two hours.

6th day. Restless night, again the altered and collapsed appearance; three clayey evacuations; add to the emulsion, Aquæ Cinnamomi, ʒ iij. Extr. Aurant. gr. iv.

7th day. Again as on the fifth day, and up to the present time (14th Sept. 1834,) is healthy and thriving.

The two other cases are a complication of the same disease with what the Germans call *Asthma thymicum*, where the child holds its breath when sucking, the nostrils appear stopped up with mucus, and during sleep it suddenly wakes with much dyspnœa and lividity of face. Besides the same treatment as before described, minute doses of cupri sulphas and musk were given. This produced repeated vomiting; the eyes became brighter, the livor of the face disappeared, the cough diminished, respiration was freer, and the child no longer held its breath. We give the formula, as some of our readers may feel inclined to try this plan of treatment in similar cases.

℞ Cupri Sulphatis, Moschi, aa gr. ½. Pulv. Acaciæ, gr. ij. Pulv. Glycyrhizæ, gr. iv. M. Pulveres tales, viij. To take one every half hour until repeated vomiting has been produced.—*Hufeland and Osann's Journal, B.* 81. *Juli*, 1835.—*Ib.*

11. *Clinical Observations on the Effects of certain Medicines on the Heart.*—By LOMBARD, of Geneva.—1. *Assafœtida.* Applied externally in the form of the Emplastrum Galbani comp. (L. P.,) assafœtida seldom fails to quiet palpitations. Internally exhibited, it diminishes and renders more regular the movements of the heart, removes palpitations, and produces a state of tranquility even in those most easily excited.

2. *Camphor.* Given internally, in doses of from three to twelve grains in twenty-four hours, it renders regular the most tumultuous palpitations, and removes the dyspnœa, which often attends hypertrophy of the heart with dilatation. An enlarged heart, with obstructed orifices or dilatation, should be regarded as a muscle fatigued by its constant efforts to maintain an equilibrium between the fluids which enter it and those which are expelled from it; hence the indications are, to give it power by iron and quinine, and to regulate its action by camphor and assafœtida.

3. *Digitalis.* Its sedative action on the contraction of the heart is not constant, but seems to depend on the state of the stomach, mode of life, dose, and mode of administration.

(*a.*) When the stomach is irritated, digitalis often increases the rapidity of the circulation. When given to those whose stomachs are very sensitive, but not in an inflammatory state, it often produces vomiting, and the palpitations and frequency of the pulse disappear; if continued, the pulse becomes much slower, and no inconvenience follows but the shocks from frequently vomiting. The effects of the prolonged use of digitalis on the stomach are not to produce inflammation, but rather a particular state of the gastric plexuses of nerves, analagous to that observed in sea-sickness; and it is best observed by anti-spasmodics and stimulants; such as subnitrate of bismuth, oxide of zinc, then nitrate or acetate of potash, effervescing drinks, ether, and spirits; all of which are employed with advantage in gastralgias accompanied with vomiting.

(*b.*) M. Lombard has very rarely found vomiting produced by digitalis in those who take much exercise, or whose attention is much occupied during its use. This explains why Orfila and others took twenty or twenty-four grains daily, without its diminishing the frequency of the pulse. If they had remained in bed, it would have been otherwise. It has been observed by many that there are very few accidents with digitalis in those cases where the patient is ignorant of the medicine he is taking. Hence patients should be kept in ignorance, and take as much exercise as their condition will permit.

(*c.*) Dose. As a diuretic, it should be very frequently repeated in the twenty-four hours; but, to quiet palpitations, one grain three or four times daily, or three or four spoonsful of an infusion made with one drachm of digitalis to six ounces of liquid, are sufficient.

(*d.*) The peculiar effect of digitalis on the stomach are produced most easily by the infusion; and they are guarded against in some measure only by combining with it ether and aromatics. For the same purpose, magnesia, sub-nitrate of bismuth, sub-carbonate of iron, and oxide of zinc, are combined with the powder. The sub-carbonate of iron is recommended by the Italians, and M. Lombard has found it to be one of the best adjuvants to digitalis; for, by this combination, patients have continued the medicine for many months without inconvenience. It may be given with the infusion. The

oxide of zinc is employed by the Germans, and seems to act beneficially by calming an irritable stomach which previously rejected digitalis, not in preventing the symptoms of saturation.

4. *Polygala Senega.* This is a valuable remedy in cases of irregularity of the functions of the heart. Twelve to twenty-four grains of extract, or one drachm of the root infused in four ounces of water, and given daily, appear to diminish the frequency and irregularity of the action of the heart, as well as the consequent sanguineous congestion, in individuals suffering from disease of the heart with dilatation of the cavities.—*Gazette Medicale de Paris*, 10 October, 1835, No. 41.—*Ib.*

12. *Alum in Typhoid Fevers.*—Professor Fouquier, one of the physicians of La Charite, is in the habit of prescribing alum, with considerable success, in certain cases of typhoid fever. When the inflammatory symptoms which generally mark the commencement of fever are succeeded by the symptoms peculiar to typhus, such as weakness of the pulse, fixed and dull expression, diarrhœa, acrid heat of the skin, etc., alum is advantageous. If inflammatory symptoms should re-appear, its use is again counteracted; so it is if the bowels (which rarely happens in the second stage,) are constipated; but with these exceptions it may be confidently given, although the most serious nervous symptoms are present. In the stage of collapse, when there is excessive prostration of strength, colliquative diarrhœa, sordes covering the mouth, and fœtid excretions, alum, either alone or with other remedies, acts very beneficially. The diarrhœa diminishes, the tongue becomes moist, and the strength improves. The dose is twenty-four grains daily for three or four days, then increased to half a drachm, and after the same interval to a drachm; when its good effects have been produced, the dose is to be diminished in the same proportion. Gum-water is a suitable vehicle; it may be given in pills, but a solution is preferable.—*Bulletin general de Therapeutique*, November, 1835.—*Ib. for April*, 1836.

13. *On Turpentine in Sciatica.*—By M. Ducros, Jun.—M. Ducros has frequently found sciatica, which had resisted the ordinary means, yield to enemata, containing a large dose of the essential oil of turpentine. He has related several successful cases. In one instance, the pain yielded to one enema, containing an ounce of the oil of turpentine; in another, six lavements were administered in three days, when the neuralgia gave way; in a third, the quantity was raised to two and a half ounces in each lavement; in a fourth, the lavements were continued for a fortnight. [We know nothing of the practice ourselves.]—*La Lancette Francaise*, No. 110, 15 Sept. 1835.—*Ib.*

14. *On Purulent Metastasis.*—By Dr. R. Froriep.—Dr. Froriep is of opinion that the materials going through the capillaries to the blood are in a state of solution, and do not contain globules; for the porosity of the membrane is not sufficient to permit the passage of globules of pus; so that the appearance of such globules must be coexistent with the effusion of matter. Hence it is incorrect to suppose that a direct discharge of globules of pus takes place into the sac of the pleura, the peritoneum, or the cavity of the arachnoid, as is

said, in purulent metastasis; and it is equally erroneous to imagine that when pus ceases to be secreted from the surface of a sore, it has been transported in the current of the circulation, and deposited in some internal organ, where inflammation is going on.

The mechanism of the formation of the so-named purulent metastasis is as follows; if, during the presence of external suppuration, by any contingency, inflammation comes to be kindled up in some internal organ or other, in consequence of the pre-existing affection, it is prevented from displaying the ordinary characteristic train of symptoms; but, attaining imperceptibly its full development, ultimately gains the ascendency of the previously existing suppurative process, in which the discharge is suspended, while the vicarious inflammation, acting upon an organism already enfeebled by disease, pursues a rapid course towards a purulent termination.

In support of this mode of explanation, Dr. F. refers to what has been frequently observed, under such circumstances, on post-mortem examination; particularly to those cases where no deposition of pus is discoverable,—merely a serous exudation, or simply the phenomena of incipient inflammation without the effused products.

In accordance with this view, it is plain that a tonic and stimulent treatment, for the purpose of compelling the pus to flow internally, as is vulgarly said, can only serve to augment the mischief commencing. The measures pursued must be antiphlogistic, proportioned to the strength and constitution of the patient.—*Wochenscrift, f. d. Heilkunde*, No. 8. *Berlin*, 1834.—*Ib.*

15 *On the proper Temperature of Sinapisms.*—The volatile oil, on which the stimulating properties of the powdered seeds of mustard depend, is not disengaged or formed unless water is added to them; but it has been imagined that very hot water was preferable to cold. M. G. Faure, sen., has proved, by many careful experiments, that this is not the case, but that water, when heated to 190° (F.) and upwards, prevents the disengagement of the volatile principle of mustard; consequently, that sinapisms should be made with cold water, and for foot-baths the powdered mustard should be first mixed with some cold water, to which boiling water should be added, to raise it to the necessary temperature. By one of those coincidences which are not uncommon, the same facts have been simultaneously discovered by MM. Geiger and Hesse in Germany. The most satisfactory rationale is, that the sudden heat coagulates the vegetable albumen which forms a coating to each molecule, that prevents the water acting upon it. All causes which coagulate albumen produce the same effect, such as alchohol, strong acids, etc. Cold water, on the contrary, dissolves the vegetable albumen.—*Journal de Pharmacie, Septembre*, 1835.—*Ib.*

16. *Case of Poisoning by Arsenic, successfully treated by the hydrated Tritoxide of Iron.*—By M. Geoffroy.—F., æt. 36, hairdresser, during an attack of delirium tremens, took from his desk a paper which contained arsenic, threw the poison into a glass, poured water on it, stirred it up with his finger, and drank it. Finding that some of the poison remained in the glass, he added more water, and was about to drink it, when one of two persons who were in the room,

wishing to see what he was drinking, looked at the paper from which he had taken the powder, and seeing that it was marked arsenic, endeavored to prevent his drinking it, but did not succeed; and he not only swallowed the liquid, but put into his mouth with his finger, the powder which remained in the glass. M. Geoffroy arrived immediately afterwards, and, on discovering the arsenic was contained in the paper, ordered several glasses of sugard water to be given immediately, and procured, as soon as possible, some hydrated tritoxide of iron. In twenty minutes this was obtained, and four or five pints of warm or cold water, charged with it, were given in a quarter of an hour. This produced copious vomiting and a large stool. For the next seven or eight hours this treatment was continued, and the patient vomited and was purged three times. There was neither colic, heat in the throat, nor any symptom of poisoning: he complained of cramps in the fingers, and during the whole time was delirious, talking and gesticulating. The quantity of drink was then diminished; he slept during the night, and in the morning appeared well.

It was ascertained that he had swallowed a drachm and a half at least of white arsenic. From twenty to twenty-five pints of water had been given, in which was suspended the oxide of six ounces five drachms of the sulphate of the tritoxide of iron.

[This is a valuable case, as there was no doubt of the enormous dose of poison taken.]—*Journal de Medicine et de Chirurgie pratiques. Sept.* 1835.—*Ib.*

17. *Hydrated Peroxide of Iron as an Antidote to Arsenic.*—MM. Bineau and Majeste, of Summur, relate the following cases, to prove the efficacy of the hydrated peroxide of iron as a counter-poison to arsenic in the human subject. On the 13th of August last, about two o'clock, five little girls, on leaving school, ate part of a cake containing one fifth of its weight of white arsenic, which had been prepared to kill rats.

L. D., æt. 7, who had eaten a piece weighing about two drachms, had half an hour afterwards, pain in the throat, a sensation of strangulation and vomiting, succeeded by pains in the belly, great thirst, faintness, incessant restlessness, and spasms. Dr. Bineau saw her at four o'clock; she had then vomited five times, and rejected sugared water and milk which she had swallowed. He gave her one grain of tartar emtic, which produced vomiting and two stools. In an hour he had prepared the tritoxide of iron, and by nine o'clock he had given five ounces, in divided doses. During this period she vomited five times, and had one black fœtid stool; there were stupor and slight convulsions of the limbs. At ten o'clock these symptoms were relieved; she slept quietly, and was well the next day.

M. G., æt 5½, swallowed about three drachms of the cake, and a quarter of an hour afterwards vomited. Between this time and five o'clock, she vomited twenty times, and rejected all fluids. After vomiting, faintness and depression, followed by extreme restlessness, pain over the whole body (particularly in the belly and legs,) cold perspirations, livid face, great thirst. At four o'clock there was great and constant stupor, without loss of intelligence. At five o'clock, M. Bineau administered five or six drachms of the hydrated tritoxide of

iron, and repeated the dose frequently at first, and gradually increasing the intervals until ten o'clock. During this time she vomited only three times, and the pain ceased; but there was constant and alarming stupor and depression. At ten o'clock the pulse rose; and at four she slept naturally. In the morning she had two stools. No subsequent symptom.

The other three cases were treated by M. Majeste.

Marie B., æt. 7, and Louise, her sister, æt. 5, each ate about two drachms of the cake. At four o'clock, M. Majeste saw them; the face of the eldest was contracted, pale or lived, eyelids injected, great thirst, very hot skin, pulse 120, belly tympanitic and painful, particularly the epigastrium, general depression, and constant vomiting and purging, since the poision had been taken. The symptoms of the younger were rather milder. M. Majeste returned to his dispensary, and in less than an hour prepared twelve ounces of the hydrated tritoxide of iron, and he gave to each two ounces at four doses, in twenty minutes. The vomiting ceased, but returned in an hour, when he gave two ounces more at longer intervals, and a lavement with half an ounce. At eight o'clock the vomiting returned with colic, and an ounce was given to each, with half an ounce in a lavement; the vomiting ceased, and did not return. They passed a good night. With the exception of some little intestinal irritation, and an eruption in the eldest, which yielded to simple treatment, there were no other symptoms.

The other child, aged 9, was less violently affected. The vomiting ceased on taking the antidote, and in eight hours after the attack all danger was over.

Remarks. The remedy was prepared in the following manner:—One ounce of iron filings, with four ounces of nitric acid and four ounces of muriatic acid, were introduced into a large glass vessel, and subjected to a gentle heat until the iron was dissolved; to this solution sixteen ounces of cold distilled water were added, and after some minutes the metal was precipitated by introducing two or three ounces of liquid ammonia. The vessel was then filled with common water, agitated, and the whole filtered. This left about twelve ounces of the hydrated tritoxide of iron. A teaspoonful of this weighed about an ounce. The process occupied about an hour, and it was immediately repeated. Its action as an antidote was evident. The dose in each case was very large, above thirty grains of arsenic; and, although vomiting took place, yet a much smaller quantity has been often known to kill, although there was vomiting. The symptoms were always immediately relieved by the iron. The antidote itself appears harmless, as from four to six ounces were given to each child without any ill effects; and, as this is the case, it is advisable, even long after the poison has been taken, to estimate the quantity rather by its effect on the symptoms, than by any proportion to the poison. It is advantageous that this antidote is tasteless.—*Journal des Connaissances Medico-Chirurgicales, November*, 1835.—*Ib.*

18 *Fumigations in Hooping-Cough.*—Dr. Dohm, of Heide, in the duchy of Holstein, has accidentally discovered a remedy for hooping-cough, that promises to be of considerable use in that too-often obsti-

nate and dangerous disease. Two of his own children, a boy and a girl, (the former one, and the latter three, years old,) had been suffering from hooping-cough for between two and three months; during which time several remedies, including belladonna, had been tried in vain. The paroxysms were very frequent and extremely violent, so that the fæces and urine used sometimes to be expelled involuntarily. An accident of this kind occurred one evening during the absence of the father; and, to remove the ill smell thereby occasioned, the bedroom was fumigated, and that to such an extent that the child was enveloped in the smoke. Contrary to the expectation of the doctor, the child had not another attack that night; the cough became much milder, and the repetition of the same treatment soon cured it. This encouraged him to try it in other cases, and he invariably found the paroxysm greatly relieved by it, if not completely stopped. The fumigation was made with the common *species fumales* of the Pharmacop. Slevico-Holst. (Olibani libr. duas, Benzoes, Styr. Calamitæ, sing. libr. dimid., Flor. Lavendul., Rosar. rub., singul. unc. quatuor.) He [we think, very justly,] considers the benzoin to be the most efficient ingredient.—*Plaff's Mittheilungen, 1ste Jahgr., 1 und 2 Heft.—Ib.*

19. *Treatment of Scald Head, (Teigne, Fr. Porrigo.)*—By Baron Alibert.—The hair is cut as close as possible, and the head is washed for some time with a solution of carbonate of soda, or infusion of walnut leaves. An ointment, containing one drachm of soda to an ounce of lard, or two drachms of soda if the hair is thick, is then rubbed in, and the head covered with a piece of blotting paper. Mild bitter infusions are given internally; and, if it is suspected that the parents have a syphilitic taint, antiscorbutic medicines with mild mercurials. If the soda is inactive, it may be replaced by potash. In some cases, an ointment made with the burned leaves of belladonna or stramonium, or the same mixed with water, removes the disease.

[Those affected with scald head in the dispensaries and hospitals of Paris have been put by government under the care of two brothers, named Mahon, who have cured above 50,000 cases in these public establishments. They begin by cutting the hair short, (to within two inches of the scalp,) and, after removing the scabs with emollient poultices, they wash the head with soap and water for several days, until it is very clean. They then apply a depilatory ointment, which removes the hair slowly and without pain, and sprinkle the head with a powder which forms the basis of the ointment, taking care to keep the scalp very clean. The composition of this ointment they keep secret. M. Rayer has endeavored to supply its place with one consisting of an ounce of prepared chalk, two drachms of subcarbonate of potash, and one drachm of powdered carbon, mixed with lard; the quantity of which is to be increased or diminished in proportion as the scalp is more or less inflamed. M. Biett often prescribes the following lotion instead of the depilatory powder:

℞. Sodæ Sulphur. iij.; Saponis Castil. ʒss.; Alcohol, ʒij.; Aquæ Calcis. lb j.

Misce, fiat lotio.

M. Giscard, an army surgeon, employs successfully this ointment:

℞. Axungiæ, lb. ij.; Sulphuris, ʒij.; Pulv. Carbonis, ʒviij. M. fiat ung.

After shaving the head, he directs a layer of this ointment to be applied over it, to be washed off two or three days afterwards with a solution of black soap. This application, repeated five or six times, has cured the most complicated cases.]—*Journal de Medecine et de Chirurgie pratiques, November*, 1835.—*Ib.*

20. *New Mode of Treating Luxations of the Sternal End of the Clavicle.*—By M. Velpeau.—No luxation is more easily reduced, or with more difficulty retained in its place. The difficulty is owing to the endeavor of the surgeon to oppose the power which tends to carry the clavicle forwards, instead of relaxing the muscles whose action oppose his wishes. Anatomy and experience show that in these cases the anterior sterno-clavicular and inter-clavicular ligaments are broken, and that dislocation necessarily follows, as the articular surfaces are so constructed that they do not offer any resistance to the muscles, which immediately displace the end of the bone: the pectoralis major and internal portion of the deltoid drawing it forward, the trapezius and sterno-cleido-mastoideus drawing it upwards; whilst both sets are assisted by the large muscles of the trunk attached to the scapulæ. The deltoid, pectoralis major, sterno-cleido-mastoideus, and trapezius are relaxed, and the rest neutralized, by carrying the elbow inwards and forwards to the lower part of the sternum, so that the hand may rest upon the opposite shoulder; when this is done, the bone returns to its place. It can be retained there by the following apparatus: A towel, folded thrice, is first placed round the thorax, and retained by braces attached to its upper border. The arm is then placed in the necessary position, and held by an assistant. The surgeon fixes the end of a bandage (eight yards in length) under the armpit of the sound side; brings it behind over the luxated clavicle; then downwards over the part of the arm; passes it behind and beneath the elbow; then again under the sound armpit, behind the chest, above and before the injured clavicle, so as to make three or four turns like the first. Next he passes the bandage, which has just embraced the elbow, over the fore-arm, then on the sound clavicle, between the hand and the neck, instead of passing it under the armpit as before; after which he passes it downwards behind the thorax, towards the elbow, bringing it again on the fore-arm and clavicle, and making thus three or four diagonal turns. After this the bandage is not again passed under the elbow, but is passed two or three times below upwards round the chest and the bent arm; the remaining part is expended by making a few turns like the first, fixed by two or three circular ones. The whole is fixed by pins, and secured by a napkin covering all. This bandage may remain a month or more without any displacement. A more simple contrivance is a belt, or band, passing round the body, and having in front a deep pouch for the elbow. When the belt is fixed, and the elbow placed in the pouch, the belt must be drawn forcibly upwards towards the clavicles, and fixed there by braces over the shoulders, which are attached to the upper border of the pouch, as well as to the edges of the body-belt.—*Journal Hebdomadaire de Medecine, Mai* 30, 1835.—*Ib.*

21. *Medical Jurisprudence and Toxicology.—Experiments on Peroxide of the Hydrate of Iron as a Counter-poison to Arsenic. First Series.*—By MM. MIGUEL and SOUBEIRAN, of Paris.—The French chemists have not been tardy in endeavoring to test the efficacy of this antidote to arsenic, which was discovered by M. Bunzen.—The following series of experiments were undertaken subsequently to those of M. Leseur, which were communicated to the Academy by Orfila, who considered that the German chemist, had not exaggerated the importance of his antidote. The French experimenters found that if a large dose of arsenic was given to dogs and they were allowed to vomit, it produced no effect: it was necessary therefore to tie the œsophagus of those dogs on whom any experiments were to be made. As tying the œsophagus is a fatal operation, it was essential to ascertain the length of time that a dog would live after this alone was performed; and also the time which arsenic alone took to produce death when the œsophagus was tied after its introduction. A dog whose œsophagus was tied simply, died in seventy-eight hours: two other dogs, to whom nine and twelve grains of arsenic were given, and who were prevented from vomiting by tying the œsophagus, died in two hours and two hours and a half. In all the following experiments, recently prepared peroxide of hydrated iron mixed with water was used, in the proportion of twelve parts to one of white arsenic.

Twelve grains of arsenious acid mixed with water was given to a little dog, and immediately afterwards the iron: the œsophagus was then tied; for some time he endeavored to vomit, but two or three hours afterwards all symptoms had left; twenty-four hours after the operation the ligature was removed; fluids were given, but deglutition of solids was impossible, and the dog died on the sixth day. Two large dogs were similarly treated with a larger dose of arsenic (eighteen grains:) the ligature was not removed. One lived seventy-eight, the other eighty-four hours.

The salutary effects of the hydrate of iron cannot be doubted in these three cases; for from the previous experiment, the arsenic alone would have killed them in two or three hours, whereas they lived as long as they would have done had the ligature only been employed. Another series of experiments was performed to ascertain if the iron would arrest the effects of the poison after they had lasted some time. The poison was shown, by a previous experiment, to kill in two hours and a half: and this fact was confirmed by giving a dog eight grains of arsenic, after his œsophagus had been tied, and introducing the antidote two hours and a half afterwards: he died a quarter of an hour after this injection. To determine how long after the poison was taken the counter poison was useful, four experiments were made. Eighteen grains of arsenic were give to a middle-sized dog, the œsophagus was tied, and presently the efforts to vomit were very violent; an hour afterwards an opening into the œsophagus was made below the ligature, the iron was injected, and a second ligature applied. The animal lived ninety hours after the poison had been given. Two spaniels were treated in the same way, the antidote being injected one hour after the poison; eight grains of arsenic was given to one, who lived ninety hours; and twelve grains to the other, who lived thirty-eight hours. Eighteen grains were given to a large dog and the iron introduced *two* hours afterwards: he lived thirty hours.

In all four cases death was greatly delayed by the iron, and in the first experiment on a very strong dog, the poison was neutralized, as he lived as long as if a ligature only had been applied. The conclusion must be admitted, that the iron acted as a counter-poison for some time after the arsenic had been swallowed. The unfavorable circumstances under which the antitode was given, strengthen this conclusion; the animals had undergone an operation which always produces on them great depression; the whole of the arsenic had been retained in the stomach for an hour or two, and nothing had been given to diminish its local or constitutional effects. In two experiments it was found that when arsenic was mixed with the fatty matters, the iron was less efficacious as an antidote; probably from the arsenic being covered by the fat, and protected from the action of the iron.

The hydrated peroxide of iron used in these experiments was procured in the following way. Sulphate of iron of commerce was mixed with five or six times its weight of water in a platinum or porcelain capsule, and when it boiled, small quantities of nitric acid were added until the ruddy vapor ceased to ascend: this was to bring the oxide of iron to its maximum of oxygenation. The liquor was then diluted, and the iron precipitated by liquid ammonia. The precipitate was washed and mixed with a small quantity of water until it had the consistence of clear "bouillie." As it cannot be weighed in this state, thirty-six times as much sulphate of iron is required as the poison taken, for the sulphate contains one-third of its weight of peroxide. It should be kept as a hydrate, for the dried powder does not act as an antidote. The chemical change consists in a conversion of the arsenious acid into arsenite of iron. Three times the quantity of the hydrated peroxide of iron is sufficient to neutralize arsenious acid in solution, and the decomposition is instantaneous; but as the arsenic when used as a poison is almost always swallowed as a powder, a much larger proportion of the antidote is advisable, for the action goes on very slowly. Even then however it must neutralize all ill effects, if it is in contact with the arsenic, for as soon as the smallest quantity of the poison is dissolved, the oxide of iron acts upon it and precipitates it.

In conclusion it is recommended in all cases of poisoning by arsenic to give the patient large quantities of hydrate of the peroxide of iron; at the same time also to encourage vomiting, to get rid of undissolved arsenious acid from the stomach; and to repeat the hydrate as long as there are symptoms of any of the poison remaining.—*Bulletin General de Therapeutique, December*, 1834.—*Ib.*

22. *Ulcer of the Pylorus.*—By Benjamin Wilson.—On Wednesday the 6th of August about 7 o'clock in the evening, I was requested to visit Mr. M——— as soon as possible, he having been taken seriously unwell.

Upon enquiry it appeared that he had not felt well for several days, and complained of a peculiar sinking sensation in the stomach, as if (as he expressed it) his stomach was quite gone, and sometimes he felt as though a heavy weight was pressing upon it; that when walking in the verandah he was seized with a sudden severe pain accompanied with a sensation as if something had burst, or given way in or near his stomach, at which time it appears he fell down. He said he was

convinced that an abscess of the liver had burst interally and that he should never survive it. He was in a cold sweat, pulse very small and feeble, countenance pale and anxious, with great restlessness, a dreadful weight at his stomach, with an inclination, to vomit, but unable to get any thing up, had taken a glassful of warm water, to incourage it. Boiling water being at hand, hot fomentations were immediately applied to the region of the liver and the stomach, and I sent off for a supply of leeches, the feeble state of his pulse, and nearly exhausted state of his system generally, precluded my taking blood from the arm; about a quarter of an hour after my arrival he vomited twice: each time about ½ a pint, of dark brown fluid as if tinged with blood, and flakes of what appeared thick matter or pus floating in it, which led me to suppose that Mr. M's. opinion might be correct as to the bursting of an abscess of the liver. After this his stomach appeared more settled, and I gave him 10 grs. of calomel and a draught of camphor mixture containing 45 drops of laudanum; the leeches also arriving at this time 40 were applied to the hepatic region, the seat of pain. Ten o'clock. After the leeches had been applied a short time he complained of feeling very weak and faint, and as his pulse had become more feeble, I was under the necessity of removing them immediately and staying the bleeding. From this time to 12 o'clock no favorable change took place, for though he said he felt the pain less severe, still the anxiety and restlessness continued; requesting occasionally to have a cup of warm tea, or a glass of camphor mixture. About half past 12, I repeated the 10 grs. of calomel and a draught with 35 drops of laudanum; after taking which he said he should like to endeavor to get a little sleep; he continued to doze and had some disturbed sleep, and about half past 2 o'clock he awoke and expressed a wish to sit up in bed, which he did for about 5 minutes, when he became very restless, saying he felt himself getting worse and felt assured that he should not live till day-light. As his bowels did not appear at all affected by the calomel, an ounce of castor oil was given, which he retained though he was afraid it would make him sick. He continued to doze, occasionally asking for a little warm tea, till daybreak; and as the castor oil did not appear to be acting upon the bowels, I went about 5 o'clock to the hospital for an enema syringe and to prepare a purgative mixture, pills, and a blister; the mixture of epsom salts and infusion of senna I immediately dispatched with directions for a large wine glassful to be taken every hour till the bowels were purged. During my absence he felt himself worse and directed Mr. Lang to send for me, he took a dose of the aperient medicine immediately on its arrival, and on my return he appeared in great distress that the medicine did not appear to act on his bowels, and was convinced that something serious had happened to his stomach, as his bowels were always very easily moved, he took another dose of the mixture and washed it down with some tea, he also expressed a wish occasionally to have a little soda water which he was allowed to take during the night; said that it was all useless, as what he took, he felt go down to the bottom of his belly, and it did not appear to enter his bowels; two purgative enemas were afterwards administered but without success, and they were returned without bringing any thing away; from this time (9 o'clock,) he became gradually worse, and expressed his conviction that he was in a dying state. He refused

to take any more medicine, and also some warm wine and water which was recommended and had been frequently during the night, he being in a cold sweat and his pulse scarcely perceptible; he continued to become weaker from 9 o'clock to 11, with occasional fits of hickup with cold sweats, very restless and countenance extremely anxious. About 11 o'clock his breathing became stertorous, with frequent deep sighing and hickup, pulse scarcely perceptible at the wrist, from 12 o'clock he continued to sink very fast, becoming comatose, the eyes closed, breathing short and stertorous, and died about one-fourth to 1 o'clock, P. M.

Post Mortem Examination 24 hours after death.—By Benjamin Wilson.—Abdomen in a state of great inflation, and on perforating the peritoneum, a strong gust of highly offensive air was expelled. On laying open the peritoneum along the whole length, a large quantity of dark brown fluid, (say two pints) appeared diffused among the intestines, which upon being collected and examined appeared to be the contents of the stomach, with the castor oil floating on the surface. The stomach still continned in a state of great inflation; however on carefully drawing out the pyloric end from under the left lobe of the liver, another gust of fetid air burst out of a small orifice discovered on the outer front surface of the pylorus from which some fluid still remaining in the stomach continued to escape; on minute examination, the coats of the pylorus at its junction with the duodenum to the extent of about two inches were very much thickened and the passage so contracted as to be rendered nearly impervious;—the ulcer was situated just at the edge or commencement of the contraction, on the front outer surface of the pylorus. On turning up and examining the under concave surface of the left lobe of the liver, and part in contact with and resting upon the pylorus quite livid and in a sphacelous state. The ulcer was of an oval shape with regular round thickened edges and was large enough to admit easily the little finger: on pressing the stomach, the air and a little fluid which still remained, continued to escape from the ulcer. No disease appeared to exist in any other part of the stomach. The right or large lobe of the liver was reduced in size, and much smaller than natural, the substance was of a dark blue slate color, with great congestion; there were no adhesions, though nearly the whole convex outer surface from the lower thin edge upwards, was covered with a deposition, elevated above the surface, apperently ulceration, the effect of long continued chronic inflammation; the substance of the right lobe generally, was in a state of great disease. The left lobe had a very different appearance to the right, being of a yellow or buff color on the outer convex surface, and appeared much larger than natural, the under concave surface had assumed a dark lived color and appeared in a sphacelous state. The gall bladder was nearly filled with pale yellow bile. The Omentum, and whole surface of the peritoneum lining the abdomen in a state of high inflammation, and the vessels of the former gorged with blood, the outer peritoneal coat of the intestines in a state of general inflammation; the bowels were inflated with air, but otherwise quite empty, the lungs appeared in a perfectly healthy state.

It appeared that Mr. M. had frequently complained of a peculiar sinking sensation in the stomach, from which he had suffered previous to the last fatal attack; during the last three days he felt he said as if

his stomach were quite gone and occasionally as though a heavy weight was pressing upon it. I am of opinion that inflammation had been going on for a long period of time, and that during the process, adhesion had formed between the under concave surface of the left lobe of the liver and that part of the pylorus, on which the ulcer was situated, which parts would naturally be in contact. On the night of the attack these adhesions giving way during the act of falling, or the effect of vomiting, the contents of the stomach made their escape into the abdomen, for, as he expressed it, he felt as if something had given way in his stomach; and was convinced that an abscess of the liver had burst internally, that some fatal occurrence had taken place, and that he should never survive it. He mentioned having taken occasionally blue pill over night, with a purgative the following morning, which with starvation for a day or two he said generally relieved him; he had taken no solid food during two or three days, and from the appearance of the ulcer which I think had existed some time, I am of opinion that had he taken a full meal the fatal occurrence might have taken place earlier, the adhesion to the under surface of the liver having alone been the means of preventing it. From the exhausted state in which I found Mr. M., on first seeing him, in a cold sweat with scarcely any pulse at the wrist, and a countenance of extreme anxiety and restlesness with an insupportable weight and oppression at the stomach, exclaiming "what can have happened! I never felt such a sensation in my life, I am sure I shall die." I was led to fear that some serious injury had occurred and the very unfavorable change which subsequently took place convinced me that nature had suffered a fatal and irrecoverable shock, and the circumstance of finding the contents of the stomach, the senna mixture and castor oil, diffused among the intestines in the abdomen, evinces that any measure adopted for the relief of the patient in the present melancholy case must have proved alike unavailing.—*India Journal of Med. Science.*

23. *Singular Case of Lead Imbedded in the Tibia.*—By James Atkinson.—Whilst I was attached to the General Hospital in Calcutta, I had occasion to amputate the leg of an old soldier, in consequence of a gangrenous spreading ulcer just above the ancle. When the operation was finished we proceeded to dissect the limb in order to examine the internal condition of the diseased parts, and on extending the incision along the tibia, an irregular line of lead was discovered imbedded in the bone, with the external surface smooth. This was several inches above the ulcer, with which it had no connection whatever, the bone in the intermediate space being quite sound. Upon being questioned on the subject the man recollected that he had received a wound in action, on the shin, many years before, but had suffered no inconvenience from it, as the slight laceration had speedily healed up, and had left no pain or scar to mark the place, or recall the circumstance to his mind. The quantity of lead appeared to be about as much as might be contained in a musket-ball, scattered and diffused as seen in the annexed outline.*

*The plate shows an irregular mass of lead extending two or three inches in length along the tibia above its centre.—Jun. Ed. Med. Jour.

But how so singular a result could have been produced it is difficult to imagine, a ball striking the bone would in ordinary cases fracture it, but the resistance in the present instance seems to have been as great as if the lead had struck a dead wall. And it is equally difficult to conjecture how the lead could have acquired its elongated and irregular form. The bony bed in which it lay, was not in any degree exfoliated or diseased, indeed the lead had, as it were, become a part of the man, for the periosteum and skin had closed over it in perfect harmony, leaving no indication of the presence of a foreign body.—*Ib. March*, 1835.

24. *Elephantiasis of the Arabians.*—By Lisfranc.—Maria Provots, aged 31 years, who had been employed in laborious occupations, was admitted into the hospital of La Pitie. She had been afflicted since seven years of age with the Arabian elphantiasis of the right leg, which was amputated on the 29th of March 1823. Her health remained pretty good for five months, after which the disease appeared in the hand and forearm, and inferior half of the right arm. When the joints of the arm were moved, which could only be done in a very contracted manner, a distinct crepitation was heard in the elbow, wrist and finger joints. By the alternate application of leeches and blisters, with an infusion of hops and anti-scorbutic wine, the cure was nearly completed, when the patient insisted on leaving the hospital. Three hundred and fifty leeches were applied in numbers of from twenty to thirty at a time, and forty-seven temporary blisters were used for the cure; and as long as the arm remained inflamed, it was covered with emollient poultices, to which laudanum was added when the pain was acute.

In January 1825, the articulation of the elbow, wrist, and hand of the right side, particularly above the course of the lymphatic vessels, became suddenly painful; a knotted, and enlarged cord, resembling a string of sub-cutaneous tubercles formed in the course of the pained parts; which was indicated by a red streak. The pain increased and extended to the axilla where the lymphatic glands were enlarged; and the erysipelatous redness covered the lymphatics and extended over the right arm, with the exception of its superior part. The irritation extended to the subcutaneous cellular tissue followed by considerable swelling, and it was so tender that the simple contact of the clothes was distressing to the patient. The elbow and wrist and joints with those of the hand were stiff and contracted; at the same time she was tormented with an insatiable thirst; long and severe shivering fits, anxiety, acute fever, severe headache, and delirium. There was no vomiting. Great heat succeeded the shivering, followed by general and abundant perspirations, particularly in the affected arm, with a diminution of the febrile symptoms.

The general symptoms diminished, and again increased in the form of an accession, at the interval of four hours, or, to speak more correctly, the fever with the exacerbations, which preceded a redness more intense, and pain more acute. The accessions commenced by coldness, sometimes confined to the affected parts, and by more intense thirst. The great heat was succeeded by very abundant perspirations, sometimes general, at other times local. Often the pain, shivering, and perspiration existed at the same time, and were confined

to the diseased member, the swelling and hardness of which increased gradually, while the pain and heat diminished a little during the intermission. The catamenia were suppressed, followed by severe headaches. Lumbago appeared, which with the other symptoms were removed by venesection.

She was again admitted into hospital on the 31st March 1825, with the whole arm, with the exception of its superior half, quadruple its natural size, red, very hard, uniform and cylindrical. It felt very hot, and tender, and very painful, particularly at the stiff contracted elbow and wrist joints, and joints of the hand. The system was powerfully affected during the attack, and the frequent and irregular accession was indicated by coldness, which was generally confined to the member affected. The thirst, heat, and abundant perspiration succeeded or accompanied these phenomena, which considerably diminished in the intervals of the accession, with the exception of the tumefaction, the hardness of the member, and the difficulty of its being moved increased with each attack.

M. Lisfranc prescribed repose and the horizontal position of the member; and when the pain was acute, emollients with the addition of opiate preparations, as laudanum, with a warm and equable temperature. Antiphlogistic regimen was enjoined with mucilaginous and acid drinks. The five first days they applied three times, sixty-five leeches, without much advantage. The other remedies were continued. The redness, swelling and hardness of the member continued, and at an interval of two or three days one or two temporary blisters were applied. When they produced too severe inflammation, poultices and tepid baths were used. The discharge of serum which they occasioned was very abundant, so as to oblige the arm being dressed twice a day. At the end of a month the blisters had diminished the size of the arm. Forty or fifty small scarifications (mouchetures) were made, which caused little bleeding, but an abundant flow of serum which was promoted by local warm baths. The first discharge (from the patient's account) continued eleven days, during which the scarifications were twice repeated, and the arm was much diminished in size. The blisters and scarifications were alternately used, and from time to time an emollient poultice. Two or three days after the scarifications, one, two, or three blisters were applied.

On the 1st of May the pain was slight, the swelling and hardness diminished; the scarifications were repeated every five or six days, followed by the immediate immersion of the arm into warm water, and a considerable quantity of serum continued to be discharged. On the 15th of May, the hand was nearly reduced to the natural size: the forearm, of which the volume was much diminished, was softer, and the movements of the finger and elbow joints were pretty free; while the wrist joint was still rigid, and the arm appeared of its natural size. The scarifications were now principally applied on the upper part of the forearm. The arm continued gradually to improve until the 11th June, when severe headache with redness of the right eye occurred; purgatives, mustard baths, emollient applications to the eye were used; veal tea was added to the low diet that had been allowed. On the 15th of June the symptoms increased in intensity for which she was bled; two days after the symptoms had disappeared. The scarifications were continued, particulaly where there was most

swelling. It was particularly the day after the scarifications had been made that a diminution of the swelling and hardness appeared. The arm slowly returned to its natural form. Since the cure the woman has been discharged several weeks.—*Ib. July*, 1835.

25. *Remarkable Monstrosity.*—M. Angelo Bossini relates the following case in the *Annali Universali di Medicina.*

During the night of the 15th February, 1834, he was called to attend a woman of the name of Francesco, 43 years of age, the mother of several healthy and well-formed children. She had been many hours in labor, and the midwife in attendance considered the case to be difficult. He found two feet already protruded, one of which, according to the midwife, came down immediately after the rapture of the membranes, the other she had brought down. M. Bossini then sought for the arms, and having ascertained the situation of the umbilical cord, he brought one, as he thought, to the vulva, when he found it was another foot. He, of course, considered now that he had to do with a twin case, but soon discovered that this third limb belonged to the same trunk as the two preceding. By carrying his manœuvres a little further, he found the fourth limb, which he brought down, and the hips were then tangible, when he ascertained that the four lower extremities with a portion of two trunks were united into one at the umbilicus. The narrator of the case then gave the body the motion of semi-rotation, by which he was enabled to reach the arms, and bring them down. By pursuing the manœuvres of rotation, and depression, the monster was born. It presented two heads, two necks, uniting into one large thorax, with two arms, one of which appeared to belong to each fœtus. There were two spinal columns, two scapulæ, two ani, and two sets of the genital apparatus (female.) There was only one placenta. The extraordinary production died during the progress of labor. The right fœtus was more developed than the left, but they both appeared to be of full growth.—*Ib.*

26. *On the use and abuse of cold applications.* By Robert J. Graves, M. D.—In affections of the head occurring in acute diseases, and attended with raving and loss of rest, it is a very usual practice to direct the application of cold lotions to the shaved scalp.

Permit me, gentlemen, to make a few remarks upon this important subject. I wish I could make myself well understood on this point, for I have seldom met with any person who seemed to bear in mind the true principle upon which cold is applied as a means of repressing local heat. In cases of determination of blood to the head occurring in fever, the common practice is to have the head shaved and cold lotions applied. Enter the room of a patient who is using cold applications, and you will observe the process conducted with great apparent nicety; the head is accurately shaved and carefully covered with folds of linen wet with a lotion to which spirit of rosemary or some odoriferous tincture has communicated an agreeable and refreshing smell; but when you come to examine the patient, you find his head smoking and the heat of his scalp increased. The nurse applies the lotion once every half hour, or perhaps not so often; indeed, she seldom repeats the application until her notice is attracted by the steam rising from the patient's head, or until she herself, awaking from a

comfortable sleep, and going over to examine the state of the patient's head, finds the folds of linen which cover it as hot and dry as if they had been hung before a fire. Whether applied to reduce local inflammation in any part of the body, or to cool the scalp in determination to the head, cold lotions as ordinary employed do infinitely more harm than good. The cold is applied at distant intervals, its effect soon ceases, and reaction constantly takes place, leaving the part as hot or even hotter than it was before.

If you put your hand into snow for a few moments, and then take it out, it quickly resumes its natural heat; and if you repeat this at considerable intervals, so as to give time for reaction to occur, the vessels assume a more energetic action, and it becomes hot and burning. If you continue to keep it in the snow for a long time, its heat becomes completely exhausted, reaction does not take place until after a considerable period, and very slowly, and the hand remains at a very low temperature for a good while. Bear this in mind, for it will direct you in the application of cold to reduce local heat. If cold applications be used at such intervals as to allow the scalp to react and resume its heat, rely upon it, it is much better to forbid them altogether. Where you wish to apply cold with effect, let it be done by relays of folded linen, wet with any frigorific mixture, and repeatedly applied to the scalp so as to leave no smoking, or what is much better, get three or four bladders, put into each a quantity of pounded ice, and apply one over the crown of the head, one on each side, and lay one on the pillow for the back of the head to rest on.

There is a vast difference between a thing being done and its being well done, so it is with regard to cold lotions; so difficult is it to ensure their proper application, that I have entirely given them up in hospital practice, and rarely order them in private. I have been induced to abandon them in consequence of witnessing so many instances in which my directions were neglected, and consequently the cerebral congestion was augmented by their mal-application. Another serious inconvenience frequently arises from their use when applied in a slovenly manner, which is the danger of cold arising from the pillow and bed clothes being wetted.

It is a curious fact that the head is the only one of the three cavities with respect to which long established custom has laid down the maxim, that when its contents are inflamed we may cool the surface over it, while, in inflammatory affections of the thoracic or abdominal viscera, this practice is avoided as dangerous and inapplicable. Latterly, however, some medical men have been inclined to question the grounds on which cold applications have been rejected in the two latter cases, and some have even declared that they have used ice poultices in inflammation of the chest and belly with great success and perfect safety. I am not as yet prepared to adopt this practice, although I must confess that a review of the subject might incline me to give up my prejudices on this point. It is certainly but reasonable to think that what is true of the one may be also true of the other, and that the application of cold to the head and heat to the chest and belly has nothing in its favor beyond mere custom. It should be recollected, however, that the head and face are more accustomed to cold than the chest and belly, and hence are less liable to any mischief likely to arise from its application in an intense degree. Still I am inclined to think that

there is much prejudice connected with the practice of applying cold to the head; and I have very little doubt that if the matter was properly investigated, and a number of experiments made, it would lead to the abandonment of cold applications in most inflammatory diseases of the brain. In fevers, I can say positively that in the majority of cases they are positively injurious, *as usually applied;* sponging the bare scalp with tepid or warm vinegar or water, or *even frequently repeated steeping of the head and temples* will often succeed much better in abating the head-ache and restlessness of fever than any cold applications whatsoever. In 1832, a violent influenza, accompanied by most distressing head-ache, attacked thousands in Dublin; this intense pain in the head was relieved by nothing so effectually as by diligent steeping of the temples, forehead, occiput, and nape of the neck *with water as hot as could be borne.*

I do not speak here of the application of cold to the head, for the purpose of relieving local heat and inflammation, but to produce an effect on the whole system. Cold thus applied is of decided and unequivocal value. You are aware that in cases of fever accompanied by symptoms of high mental excitement and great heat of skin, the use of cold dashing has produced the most extraordinary effects. Again, if a patient has taken too large a dose of prussic acid or any other narcotic, the best mode of rousing him is by pouring water on his face or chest from a height. In Turkey, if a person happens to fall asleep in the neighborhood of a poppy field, and the wind blows over it towards him, he becomes gradually narcotised, and would die, if the country people who are well acquainted with this circumstance did not bring him to the next well or stream, and empty pitcher after pitcher on his face and body. This occurred to my friend, Dr. Oppenheim, during his residence in Turkey, and he owes his life to this simple but effectual treatment.—*Lond. Med. and Surg. Journ. 21st March,* 1835.—*Amer. Jour. of Med. Sciences.*

27. *Recovery from Asphyxia in a new born infant.*—The following case, very remarkable and interesting from the length of time animation was suspended, has been communicated to the Edinburgh Medico-Chirurgical Society, by Dr. MACWHIRTER; and is contained in our esteemed *Edinburgh* contemporary for January, 1835.

"I was called, at about half past 11, P. M., to a lady who had been several hours in labor. I found the *os tincæ* expanded to the extent of a crown piece; the membranes pressed forward by every pain, and the presentation '*breech,*' pain recurring regularly and forcibly every four minutes. About a quarter before one, the membranes gave way, the *liquor amnii* was discharged, and the labor, which was a first one, advanced slowly, until half past one, when the breech was born. Suspecting that resuscitation would be necessary, I desired the nurse to have warm water at hand. The body and head were long *in transitu;* the funis was round the neck twice; I disengaged it, but could feel no pulsation. I got my fingers into the mouth of the fœtus, and succeeded in bringing it beyond the verge of the perineum, but it did not breathe. In about ten minutes, by management and the uterine action, the head was delivered, and along with it the placenta.

"The infant appeared *dead;* indeed, it was thrice felt convulsed *in transitu.* The face was as white as paper, but there was some color in the lips; still no pulsation of the heart could be felt.

"I placed the child, with the placenta attached, in a warm bath; gently inflated its lungs with my own breath, in the usual way; rubbed brandy on the chest, abdomen, and head, spine, extremitics, &c. As the funis when cut did not bleed, I therefore tied it. After immersion for about half an hour, I took it out of the bath, dried, and wrapped it in warm flannel, and made the nurse carry it near the fire. I then continued the gentle inflation from time to time, and the spirituous friction, to the extent of nearly two bottles of brandy and whiskey, occasionally slapping the bottom, when at length, about forty or fifty minutes after birth, it gave a sob. This was indicative of existing life, and encouraged me to persevere. It continued to sob or gasp at intervals of a minute or two, and I now found that I could feel the heart beat.

"The above means were most perseveringly continued, until the circulation and breathing very gradually increased. At the end of an hour and a half, the child gave a whimper; the eyes opened; the lips became red; it breathed regularly; cried lustily. It lived, and continues to live."—*Ibid.*

28. *On Sleeplessness, and its Treatment.* By R. J. Graves, M. D. (Extracted from a clinical lecture delivered at Meath Hospital, Dublin.) Sleeplessness is a very curious result of disease. It accompanies certain morbid conditions of the system brought on by actual disease, or by grief, care, and various other forms of mental disturbance, continues to harass the unhappy sufferer night after night, and frequently resists the most powerful and decided narcotics. I do not intend to enter into any inquiries respecting the different states of the constitution in which it occurs; my purpose is merely to offer a few practical remarks on the more obvious and striking examples, with the view of illustrating the cases to which I have directed your attention.

There is a form of sleeplessness which is frequently the precursor of insanity, and which has been well described by my friend Dr. Adair Crawford. The watchfulness in such cases is accompanied by the well known symptoms of incipient mental derangement, and its treatment is therefore inseparably connected with that usually resorted to in cases of threatened insanity, and embraces the employment of means moral as well as well as physical. Of these it is not my intention to speak; I may observe, however, that Dr. Crawford has found opium, gradually increased to very large and frequently repeated doses so as to produce sleep, the best remedy.

In the case of jaundice, the patient passed several nights without any sleep. He was just beginning to recover from the jaundice when this new symptom appeared, and I directed your attention particularly to the circumstance, because every manifestation of nervous derangement connected with jaundice should be carefully watched. It frequently happens that jaundiced patients sleep too much, and in some cases the disease is accompanied by convulsions, succeeded by coma, most alarming symptoms, and almost invariably the harbinger of a fatal termination. Dr. Marsh was the first who directed our attention to the great fatality of those cases of jaundice in which convulsions occur: I have seen but one instance of recovery. It was in the case of a gentleman laboring under icterus, very considerable hepatitis, with enlargement of the liver and anasarca, with ascites. He was treat-

ed by Dr. Osborne and myself, and had at least a dozen long and violent convulsive paroxysms, ending in coma, succeeded by temporary forgetfulness and fatuity. Repeated leeching of the right hypochondrium, active purgation, and mercurialization of the system removed all the symptoms of disease, and he slowly but perfectly recovered. A very able and original writer, Dr. Griffin of Limerick, has detailed the particulars of some interesting cases of this nature in the *Dublin Medical Journal*. You perceive, therefore, that in jaundice every thing denoting an unusual state of the nervous system, whether it be too much sleep or too little, demands your attention.

In this man's case, the jaundice was the result of an attack of hepatitis. We treated it with leeches, blisters, and the use of mercury, and in the course of a few days the stools became copiously tinged with bile, and symptoms of improving health appeared. At this stage, the dejections being bilious, but the jaundice still remaining, he began to exhibit symptoms of restlessness and nervous irritability, and finally became perfectly sleepless. Here, gentlemen, we had to deal with a new sympton, extremely harassing to the patient, and likely to react unfavorably on the original disease. As a preliminary step I determined to evacuate the bowels, and for this purpose I prescribed a purgative draught, consisting of five ounces of infusion of senna, half an ounce of sulphate of magnesia, a drachm of tincture of senna, and a scruple of electuary of scammony. My object was to purge briskly, and then give a full narcotic. In all cases of jaundice depending on hepatic derangement, after you have succeeded in producing bilious evacuations, you should never omit prescribing an active aperient every second or third day for the space of ten days or a fortnight, with the view of carrying off the remains of the disease, so as to prevent the occurrence of a relapse. Hence you will find such cases very much improved by the use of Cheltenham water, taken every day for three or four weeks *after the reappearance of a bilious tinge in the alvine discharges*. The stimulus of the purgative causes an increased flow of bile into the intestines, which removes the hepatic congestion, and carries off what is popularly termed the dregs of the disease, and promotes a rapid and complete recovery. It is a simple but successful practice, and I would advise you never to omit its employment in cases of this description.

With respect to purgative mixtures, I may observe that you should prescribe a larger quantity of the infusion of senna than is generally ordered, if you wish to secure its certain and decided operation on the intestines. Hospital nurses, who reason from facts and experience, know this, and when directed to give a senna draught they always give a small tea-cupful. They administer from four to six ounces at a time, and I have observed that in this way the action of the medicine is more certain, and the benefit derived from it more extensive. I am convinced that the usual mode of giving this valuable purgative in private practice is bad; the quantity given is too small, and consequently it is necessary to repeat the dose several times, a mode of proceeding apt to occasion much nausea and griping, I would therefore recommend a quantity varying from three to six ounces, to be administered in all cases where the patient's condition will admit of free purging. A most accurate observer of the effects of medicines, Mr. Kirby, is in the habit of ordering purgative mixtures in chronic cases to be taken at bed-time, and not, as is usually done in the morning. He

asserts that their action is milder and less irritating to the bowels when the patient lies in bed and is asleep until the period of their operation, than if he were up and about.

After the purgative had produced four copious discharges, I prescribed eight minims of black drop, to be taken at a late hour in the evening. Whenever I give opiates to procure sleep, I always observe the rule laid down by Dr. M'Bride, (a celebrated physician of this city,) to select the period at which nature usually brings on sleep, and which varies according to circumstances and the habits of the patient. Whenever you have to deal with watchfulness in patients laboring under morbid states of the constitution, as, for instance, hectic, inquire when the tendency to sleep usually occurs, and administer your narcotic about an hour or two before its occurrence. It is between three and five o'clock in the morning that the inclination to sleep is strongest, it is about this time that sentinels are most apt to slumber at their post, and consequently attacks upon camps or cities, made with the intention of effecting a surprise, are usually undertaken about this period of the morning. How well marked is the periodic tendency to sleep at this hour in all patients laboring under hectic fever produced by whatever cause. How often do we hear the poor sufferer complain of restlessly tossing about in his bed until three or four o'clock in the morning, when at last sleep, welcome although uneasy, for a few hours separates the patient from his pains. If given at an early hour in the evening, the effect of the opiate is not coincident with this periodic attempt of the constitution, and it fails in producing sleep, but if exhibited at a late hour, it begins to produce its soporific effect at the very time when nature inclines the harassed sufferer to repose, and the result of these combined influences is a deep, tranquil, and refreshing sleep. By observing this simple rule, I have often succeeded in producing sleep in cases where various narcotics had not only failed, but even added considerably to the irritation and discomfort of the patient.

In cases of sleeplessness, where you have administered an opiate with effect, be careful to follow it up for some time, and not rest satisfied with having given a momentary check to the current of morbid action. To arrest it completely, you must persevere in the same plan of treatment for a few days, until the tendency to sleep at a fixed hour becomes decidedly established. You must give an opiate the next night and the night after, and so on for five or six nights in succession, and where the watchfulness has been of an obstinate and persistent character, narcotics must be employed even for a longer period and in undiminished doses. I do not allude here to the sleeplessness which accompanies confirmed hectic and other incurable diseases; such cases require a particular mode of treatment, and generally call for all the varied resources of medicine. But in those instances of watchfulness, which are frequently observed towards the termination of acute diseases, it is always necessary to repeat the opiate for some time after you have succeeded in giving a check to this symptom. You need not be afraid of giving successive opiates lest the patient should become accustomed to them, and a bad habit be generated, for the rapid convalescence and renewed health, which are wonderfully promoted by securing a sound and refreshing sleep, will soon enable him to dispense with the use of opiates.

Another disease in which sleeplessness is a prominent symptom, is

delirium tremens. We have had an example recently in our wards, and you have seen the means employed to overcome it. The patient came into hospital with symptoms of extreme nervous excitement and watchfulness, which had continued for some time, and were brought on, as is most commonly the case, by repeated fits of intoxication, succeeded by a pause of perfect sobriety—in Irishmen the result of necessity or accident. In this man you must have remarked the signal benefit which attended the use of a combination of tartar emetic and opium, and how rapidly the watchfulness disappeared. I shall not enter into the details at present, as I purpose to return to this subject on a future occasion.

There is, however, one form of nervous irritability, frequently observed in persons who are in the habit of drinking freely, but without running into excess, and presenting, as it were, a shadow of delirium tremens, on which I shall make a few remarks. This curious state of the nervous system is generally found to exist in men about the middle period of life, and who consume a larger quantity of spirituous liquors than they are able to bear. Such persons, without suffering in appearance, or losing flesh, get into a chronic state of disturbed health, manifested by nausea, and even dry retching, in the morning, loss of appetite, and impaired digestion; but, in particular, by a deranged and irritable state of the nervous system, and by watchfulness. This forms one of the most distressing symptoms, and the patient generally complains that he cannot get any sound and refreshing sleep, that he lays awake for hours together, and that when he slumbers his rest is disturbed by disagreeable dreams, or broken by slight noises. How are you to treat this affection? I can give you a valuable remedy for this deranged state of constitution—one which I have often tried, and which, from experience, I strongly recommend. It is a mixture, composed of tincture of Columbo, quassia, gentian, and bark—say an ounce of each; and to this is added a grain, or even two of morphia. A compound tincture, somewhat analagous to this, is much in use among military gentlemen and others, who have resided for a considerable time in the Indies, where from the heat of the climate, and the prevalence of intemperate habits, the stomach becomes relaxed and the nervous system irritable, so as to represent, in a minor degree, the symptoms which characterize delirium tremens. You perceive I combine several tonics to form this mixture, because they are well known to produce a more beneficial effect when combined than when administered singly; and I add to these a narcotic, which has the property of allaying nervous excitement without deranging the intestinal canal. The dose of this mixture is a tea-spoonful three or four times a day, and the best time for taking it is about an hour before meals. It gradually removes the nausea and debility of stomach, lessens nervous irritability and watchfulness, and, with a proper and well regulated diet, and attention to the state of the bowels, I have seen it produce excellent effects. In such persons much benefit is derived from the use of the tepid shower bath.

Fever is another disease in which sleeplessness is a symptom, frequently of an unmanagable character, and pregnant with danger to the patient. You witnessed this in the case of the boy who lies in the small Fever Ward, next to the man who is at present laboring under general arthritis. This boy had fever of a mild description, and unattended with any bad symptoms. His case scarcely required

any attention, and he had almost arrived at a state of convalescence without the aid of medicine, when he began to lose his rest, and absolutely became sleepless for several nights. I beg your attention to this case, for many reasons. In the first place you have seen that we tried many remedies without success, and afterwards fortunately hit on one which answered our purpose completely. Let us examine the nature of the medicines prescribed, and our reasons for giving them.

In the first place, we gave, as in the case of jaundice, an aperient, followed by a full dose of black drop. It failed in producing any sleep; we repeated it a second and a third time, but without the slightest benefit. I then remarked to the class, that as I had noticed the good effects resulting from a combination of tartar emetic and opium in the case of delirium tremens, where opium alone failed in procuring sleep, it would be proper to give this remedy a trial. I observed at the same time, that I was convinced that the preparations of antimony have a distinct narcotic effect, and that I had seen patients in fever whose watchfulness had been removed by antimony given in the form of tartar emetic or James's powder. I said it was my firm impression that tartar emetic, along with its other effects, exerts a decided narcotic influence on the system, and that it is this which makes it so valuable a remedy in treating the sleeplessness of fever and delirium tremens. Hence I have been in the habit of giving tartar emetic combined with opium in fever, and I must add, with very great success. Our predecessors were much in the habit of using antimonial mixtures in the treatment of fever, and they did this because they knew, by experience, that these remedies worked well. It is at present too much the fashion to decry their practice, and in this instance I think with very little justice.

In this boy's case, however, the combination of tartar emetic and opium did not succeed in producing sleep. Having thus failed in our first and second attempts, we had recourse to the liquor muriatus morphiæ, a preparation first brought into use by Dr. Cristison, and which in the form usually employed, is equal in strength to laudanum. It is an exceedingly valuable preparation for many reasons, and one which has the strongest claims to your notice. Being of the same strength as laudanum, it saves the trouble of learning and remembering new doses, and, in addition to this, it possesses the more important advantages of inducing sleep with more certainty, and not acting as an astringent on the bowels, or affecting the head so frequently as laudanum. You observe that I say *so frequently;* I do so because cases now and then occur in which even moderate doses of the liquor of the muriate of morphiæ produce quite as much head-cache as laudanum. I prescribed the former in doses of fifteen drops every six hours, so as to give sixty drops in the day, and continued this practice for two days, but without the slightest effect. Here you see three modes of inducing sleep completely failed. The boy remained for a day without taking any medicine, and then we made another attempt, which was more successful. We first prescribed a purgative enema, and, after this had operated, he was ordered an opiate injection, consisting of four ounces of mucilage of starch, and half a drachm of laudanum. He fell asleep shortly after using the opiate injection, and did not awake until the next morning. The following night the opiate was repeated in the same form and with equal suc-

cess; convalescence went on rapidly, and the boy's health is now quite re-established.

Here, then, is a singular fact, attested by this case, that opiates in the form of injection will succeed in producing sleep, where they have completely failed when administered even in large and repeated doses by the mouth. Baron Dupuytren was the first who made this important observation, and proved that narcotics applied to the mucous surface of the rectum exercise a powerful influence on the nervous system, always equal, and very often superior, to the effect produced by taking them into the stomach. He maintains, that in delirium traumaticum and delirium tremens a certain quantity of opium, when prescribed in the form of enema, will act with more decided effect in allaying nervous excitement, than the same or even a larger quantity when taken by the mouth. I have no hesitation in giving full credit to this assertion, as the results of my experience tend strongly to confirm its truth. I have, not long since, published in the *Dublin Med. Journal*, the case of a patient in Sir P. Dun's Hospital, who was reduced to the last stage of debility and emaciation from the combined effects of mercury and syphilis. The torture which this man indured from nocturnal pains and a total deprivation of sleep, was such that he swallowed enormous doses of opium; in fact, he had, previously to his admission into Sir P. Dun's Hospital, exhausted all his means in purchasing opium. While in hospital he used to take 150 drops of black drop in the course of a day, and yet, notwithstanding these excessive doses, he could only get a few minutes of unrefreshing slumber. After some time I changed the plan of treatment, and had the black drop administered in the form of enema. It succeeded in producing a decided soporific effect, and in a short time he was able to enjoy a sufficient quantity of repose, from taking only one-tenth of the quantity used by the mouth. I have also, in the same paper, adverted to the case of a medical gentleman who labored under an affection of his joints, which was accompanied by spasms of the limbs, and most excruciating pains. His agony was so intense that he used to swallow grain after grain of opium, until he had taken to the amount of thirty or forty grains, with the view of procuring some alleviation of his sufferings. He was prevailed on to give up altogether the use of opium by the mouth, and employ it in the form of enema, which he did with the most striking advantage, the quantity which succeeded in giving relief in this way being scarcely the twentieth part of what he ordinarily used.

It is unnecessary for me to enter here into any discussion with respect to the nature and treatment of delirium traumaticum, and the sleeplessness which always accompanies it, as you will find this subject very ably treated in M. Dupuytren's works, and in a very instructive and elegant lecture delivered by Mr. Crampton (the Surgeon General) in this hospital, and published in the last volume of the *London Medical and Surgical Journal*. There is, however, one kind of sleeplessness arising from irritation of the skin produced by blisters, which frequently assumes a very serious character, and on which it may be necessary to offer a few observations, as the subject has not been noticed sufficiently by practical writers. Trifling as the irritation resulting from a blister may seem, yet, under certain circumstances, it is a symptom of highly dangerous aspect, and becomes a source

of just alarm. I have witnessed the loss of some lives from this cause, and many patients have, to my knowledge, been rescued from impending danger, by an early and proper share of attention being directed to its phenomena and treatment.

The bad effects on the nervous system occasionally produced by the application of blisters, are somewhat analogous to those which result from wounds and other external injuries, and to be accounted for on the same principle. Wounds and injuries sometimes make an impression on the nervous system, by no means proportioned to the importance of the injured organ to life, or to the extent of the mischief. An injury produced by a body which strikes the sentient extremities of the nerves with great force, will sometimes produce very remarkable effects on the system. Thus a musket ball striking a limb may, without wounding any great artery or nerve, or destroying any part of importance to life, produce a train of nervous symptoms of an extraordinary character. The person, without feeling much pain, and scarcely knowing that he has been wounded, without being terrified, or having his imagination excited by any apprehended dangers, turns pale, gets a tendency to faint, and sometimes actually dies from the impression made on the nervous system. In the same way an external injury re-acting on the nerves may bring on high mental excitement, delirium, and a total privation of sleep, as we exemplified in delirium traumaticum. I mention this with the view of establishing the proposition that impressions made on the sentient extremities of the nerves are sometimes reflected on the nervous centres, producing the most alarming effects. In this way we can understand how the irritation of blisters may produce sleeplessness, mental aberration, and a train of symptons analogous to those which characterize delirium traumaticum.

The delirium and sleeplessness arising from the irritation of blisters is by no means an uncommon disease. I have seen many examples of it in private practice, and I am anxious that you should be acquainted with its nature and treatment. It is generally met with in the case of children, in whom the cutaneous surface is extremely tender and irritable. I could relate several instances in which I have been called on to visit children laboring under fever, where symptoms of high nervous excitement were present, and where I found the little patients delirious, screaming, and perfectly sleepless from this cause. I have found this alarming affection generally occurring at an advanced stage of fever, and exhibiting a train of symptoms which closely resemble hydrocephalus. I have observed that after the application of a blister to relieve some suspected cerebral, or abdominal, or thoracic affection, jacitation, restlessness, constant application of the hand to the head, and delirium have appeared, and that these symptoms had been mistaken for incipient cerebritis or hydrocephalus, and treated with leeches and purgatives. When the blister had been applied to the nape of the neck, the soreness and irritation of the skin on that part *cause the child to roll its head from side to side on the pillow, with that peculiar motion and scream supposed to prove to a demonstration the existence of hydrocephalus.* I have learned also, that the above measures, so far from giving relief, have only tended to produce an exacerbation of the disease, and that the medical attendant has given up the case in despair. Now, gentlemen, if called to

such a case what should be your practice? In four cases of this kind I gave my opinion frankly to the medical attendant, and told him he was pursuing a wrong course, that the disease was analagous to delirium traumaticum, and not to be treated by leeches or purgatives, and least of all by blisters. I observed to him that these symptoms had made their appearance shortly after the child had been blistered for suspected disease of the belly, or head, or chest; and that it was useless to attempt to remove the disease by leeches, or purgatives, or blisters. The remedy I always proposed was opium, and it was acknowledged in four or five cases, that this remedy had succeeded, not merely in relieving the existing symptoms, but in saving the patient's life. In such cases, particularly in young children, the opium must be given in small but frequently repeated doses, so as to ensure its energetic, but safe action, and the greatest care must be taken to soothe the irritated portion of the skin, by ointments, poultices, &c., *while unwearied diligence must be bestowed upon the task of preventing the child from scratching the blistered surface.* To effect this the child's hands must be muffled in appropriate gloves, and must be secured in the sleeves of a shirt made for the purpose.

I beg your attention still further to this subject of sleeplessness and delirium. I wish to mention the case of a gentleman who was a pupil of mine. This gentleman studied hard, attended lectures regularly, and was constantly in the dissecting room. While thus occupied, he happened to wound one of his toes in paring a corn, and afterwards wore a tight shoe on the injured foot. A small imperfect abscess formed in the situation of the corn, which was opened by one of his fellow students; the incision gave very great pain, and was not followed by any discharge of matter. Next day he was feverish, and the lymphatics of the injured limb became extensively engaged, the inflammation ascending towards the glands of the groin, and having a tendency to form a chain of insulated patches in different parts of the leg and thigh along the course of the lymphatics. This you will generally find to be the case in inflammatory affections of the lymphatics, the inflammation is seldom continuous, but in the majority of cases, is developed at certain insulated points, where small diffuse suppurations form very rapidly. After a few days, this young gentleman's fever increased to an alarming height; he became completely sleepless, and had incessant delirium. He was purged briskly, leeched extensively and repeatedly, his head shaved, and cold applications so constantly applied, that he appeared half drowned and collapsed. Notwithstanding this very active treatment, not the slightest relief was obtained; neither were the symptoms mitigated by incisions made in the inflamed patches for the purpose of evacuating matter; the sleeplessness continued, and the delirium was as wild as ever. I saw him on the seventh or eighth day, when all antiphlogistic measures had failed, and his friends were quite in despair. On being asked my opinion, I stated that I looked upon the case as one of delirium, not proceeding from any determination to the head or inflammation of the brain, but depending on a cause analagous to those which produce delirium traumaticum, and that instead of antiphlogistics I would recommend a large dose of opium and some porter to be immediately given. Mr. Cusack, who visited the patient after me, concurred in this view, and a full opiate was administered in repeated doses. It succeeded in producing sleep and tranquilizing the nervous

excitement. I may here observe that a few days afterwards this gentleman had a return of the symptoms of cerebral disturbance with sleeplessness, in consequence of omitting his opiate, and that the opiate and porter were again administered, and again succeeded in removing the delirium and watchfulness. By perseverance in the use of the same means, the disease was completely removed, and convalescence established.

The last kind of sleeplessness to which I shall direct your attention, is that which is frequently met with in persons of a nervous and irritable disposition, in hypochondriacs, and hysterical females. You find such persons, although of active habits, and with tolerable appetites, complaining of a total privation of their natural rest, and it is astonishing to think how long they may continue subject to this harassing watchfulness. I have frequently observed this affection among females of nervous habit, who possessed strong feelings of attachment to the interest and welfare of their families, and who were remarkable for an exemplary and over anxious discharge of their domestic duties. It is also very often met with in the upper classes of life, where the susceptibility to nervous excitement is morbidly increased by fashionable habits. I shall not enter into the various moral causes which tend to produce this state of the nervous system, and will content myself for the present with giving you some hints for the treatment of this obscure affection. As yet I have not any distinct and accurate notions of the disease, and can only guess at the treatment, but this much I may state, that such cases are not to be cured by the means which I have already detailed. If they are to be cured by any means, I think it is by antispasmodics, and remedies which have a gently stimulant, and, if I may so express myself, alterative effect on the nervous system. I have cured two cases of this kind by musk and assafœtida, where every other remedy had failed. To one of these I was called by my friend, Dr. Neason Adams; the patient was a lady of delicate constitution and hysterical habit; she was emaciated, and suffered from a total loss of rest, but had no other disease. All kinds of narcotics had been tried unsuccessfully, and opium in all its forms had failed in procuring sleep. I advised the use of musk in doses of a grain every second hour, and this means proved eminently successful. In another case I succeeded by administering the same remedy in combination with assafœtida. I have also remarked that assafœtida alone, given in doses of two or three grains three times a day, has very considerable effect in calming nervous irritation of this description, and restoring the patient to the enjoyment of more prolonged and refreshing sleep. In all such cases the physician must be most careful to have the appearance of not thinking the loss of sleep as a matter of much consequence, and the family of the patient must be directed to speak as little about the matter in his presence as possible,—nay, so powerful is the operation of moral impressions, that in one case which I attended along with Mr. Halahan, I succeeded in procuring sleep by ordering a musk pill to be given every second hour, night and day, and by desiring the patient to be awakened, should she be asleep, at the time the pill was to be taken. I laid great stress on the importance of so proceeding, and thereby produced so strong an effect on the patient's mind, and inspired so great a confidence in the efficacy of the medicine, that she

went to bed, not so much afraid of lying awake as afraid of being asleep at the hours when she ought to take a pill. The idea which had hitherto fixedly occupied her mind was displaced by a new impression, and relief was obtained the very first night.

To conclude, gentlemen, I may observe that sleeplessness in a chronic form is often produced by dyspepsia, and can only be relieved by the means suited to indigestion. Here it is that small doses of blue pill and tonic purgatives are of infinite service, combined with change of air, of scene, and an appropriate diet. In many females, sleeplessness is combined with menstrual irregularity, and can only be cured by means calculated to invigorate the health and restore the catamenial discharge to its natural periods and quantity, for the nervous system suffers equally whether they be suppressed or overabundant. It is singular how long sleeplessness often continues in chlorosis without inducing those serious consequences that are produced by this symptom in other morbid states of the system. In such cases much is sometimes accomplished by means of the common preparations of morphia, or by the use of Hoffman's (liquor æthereus oleosus,) camphor, and other medicines that act upon the nervous system. It must be confessed, however, that these and every other expedient to obtain sleep often fail in chlorotic and hysterical females, in whom relief is only obtained by a gradual improvement of the general health and menstrual function.—*London Med. and Surg. Jour., 21st March, 1835.—Ibid.*

ANALYTICAL.

Art. I.—Consultation with Quacks—Puffing of Quack Medicines.

At a recent meeting of the Medical Council of the State Medical Society of Massachusetts, Dr. I. S. Bartlett was cited to appear to answer certain charges preferred against him for a violation of an article of the By-Laws of the Society inhibiting its members from any encouragement of empiricism. Dr. B. it seems had not only consulted with persons of bad reputation in medicine, but had puffed some of their nostrums. We notice this particularly with reference to the several modes in which regular practitioners in medicine may lend an effective aid to the dark deeds of medical imposture, by the line of professional conduct which they may pursue towards quacks and quack remedies. In the first place, educated and high minded physicians sometimes patronize quackery, by the eulogies bestowed by them upon quack medicines. All nostrums, or secret remedies, are to be regarded as such, in a correct estimate of charlatanry. He who advertises his remedies and cures, is essentially a quack, whatever pretensions he may otherwise make. Thus all quack remedies, specifics, panaceas, catholicans, etc., are in the just legitimate sense of the term quacks. This is the most indubitable evidence of empiricism. No man can escape the just application of the term quack, who deals in secret remedies. The physician who does so has the seal of condemnation put upon his character by the enlightened spirit of medical science. To aid such a course is next in degree of criminality to being a first perpetrator of the act. Guilt varies in degree in all moral aberrations. And the guilt of

encouraging quackery may vary likewise in degree. To be a quack—in an active and effective manner—a man must advertise his skill and cures—eulogise his remedies, and laud *his* many deeds of medical prowess. To praise the quack medicines of an ignorant presumptuous nostrum vender, is next in degree of criminal dereliction of professional morality, to being the original fabricator of the remedy, and of its ability to cure. For to fabricate cases of success with the new remedy is quite as common as to fabricate the nostrum itself.

To consult with a nostrum dealer is most assuredly a most effectual way of abetting quackery. When, therefore, we see the names of some of our most eminent Philadelphia and New York physicians, appended to the advertisements of Swaim—we have much to humble us in our views of the lofty position which American medicine should sustain in the eyes of the world.

"In folly's cup still laughs the bubble quackery;" Yes! and that bubble will forever laugh as long as there is ignorance to be duped, and credulity to operate upon. But should those who claim the title of honorable scientific physicians, in any obvious, demonstrable, willful manner, aid, abet, or instigate empirical acts? The answer which our readers will readily give is, no. Let then every one who sincerely honors his profession frown with indignant contempt upon every practitioner who deals in secret remedies—and never so far compromit his professional dignity as to mingle counsels with such men around the sick bed. Counsel! did we say—we retract the word. It is not in the nature of things possible for a nostrum vender to enter a sick chamber with any intention to deliberate and reflect upon the case to be submitted to his attention. Essentially vain in his pretensions of an infallible method of curing diseases the nostrum vender requires no light of symptomatology, or pathology to be reflected on the case. He can prescribe by intuition and accomplish his purposes in the mystery of a dark and deceptious legerdemain. We have never known these pretended superior remedies, circu-

lated among the ignorant populace, to live long in the admiration of their own eulogists. One folly after another floats down the current, and each is caught at with avidity—till death engulphs both deceiver and deceived. In Louisville, Ky., several years ago an adventurer in physic, after entire failure in obtaining practice in a regular discharge of professional duties, gave out that he possessed a new remedy to destroy mercury in the system. He had a great run of practice, cheated many wiseacres by his pretended cures, and finally sunk into merited insignificance. His pretended anti-mercurial remedy, when made known by a student of his proved to be calomel (41 grs.)–rhubarb (8 grs.) and opium, (2 grs.) With this combination he salivated his patients severely, and this brought the mercury out of their bones. And yet this miserable ignorant impostor in medicine, was met in consultation by some, who considered themselves entitled to the appellation of scientific physicians. Nor do we deny that their general course as physicians fully entitled them to be so considered. But in consulting with a low minded nostrum vender they certainly sacrificed the high standard they once occupied as consistent and enlightened promoters of the dignity and usefulness of the medical profession. No compromise should ever be made with those pretenders to secret remedies, who encouraged by this ready way, afforded by ignorance, dishonesty, and impudence to accumulate money without intellectual or physical toil, are starting up, like exhalations from an unwholesome marsh, all around us.

Let every conscientious, enlightened practitioner rebuke, by his example as well as language, all such vile impositions, as the nostrum vender is daily perpetrating upon society. In thus discountenancing quackery he will subserve the interests of medical science, and his own self respect will rise in a correspondent degree to the noble disinterestedness and humane feelings, by which he is actuated in the cultivation and practice of his profession.

Since writing the above, we have received, the 19th No. (June 15th) of the Boston Medical and Surgical Journal,

which contains an account of a meeting of the Boston Medical Association, held May 27th: Dr. Jacob Bigelow was in the chair. "The Secretary (Dr. Storer) read the record of doings at the annual meeting, concluding with the vote referring the charges against John S. Bartlett, M. D., to the Standing Committee. Also the proceedings of that committee at a meeting, held May 18th, at the house of Dr. George Hayward, at which Dr. Ware was appointed a sub-committee to communicate with Dr. Bartlett, and a resolution providing that if Dr. Bartlett did not make a proper apology, on or before the present meeting of the Association, he be expelled."

Dr. Ware reported that he had made a written communication to Dr. Bartlett, and also had a personal interview with him—that after a full discussion of the matter between them, Dr. Bartlett manifested no disposition to meet the wishes, or accede to the proposals, of the committee. Dr. Bartlett was present, and was heard in his own defence.—After a full and patient hearing of the Doctor, the Association, by a vote of 45 to 5, expelled Dr. John C. Bartlett from their number. The Massachusetts Medical Society had previously expelled him from their body. H.

Art. II.—Quackery.

The following we extract from the above named No. of the Boston Medical and Surgical Journal.

"*Botanic Physicians. Supreme Court.*—Barent P. Staats, vs. John Thomson.—This was an action brought by B. P. Staats, President of the Albany county Medical Society, against John Thomson, a Botanic Physician, for practicing medicine contrary to the laws of this State, (New York). Defendant produced a patent from the United States to his father for the exclusive right and use of botanic medicines, and he, as *assignee* of the patent, claimed a right under said patent to practice and prescribe for patients. The Justice's Court of the city of Albany decided that he, *Thomson*, had no right to practice medicine for fee or *reward*, unless he has a diploma from some regular incorporated or

medical school or society, and fined him the sum of $25; from which decision Thomson appealed to the *Supreme* Court. The Supreme Court affirmed the decision; consequently Botanic Physicians have no right to recover for services in the State of New York, nor, is it believed, in any other. It is to be hoped that some one, possessing the energy of our friend Dr. Staats, will ascertain the right and privileges of steam quacks to pepper mankind to death in the respectable old Commonwealth of Massachusetts, the head quarters of the originator of the lobelia cascading system."

Art. III.—Medical Students.

In the Boston Medical and Surgical Journal, of June 15th, we have an excellent article from the pen of the editor on Medical Students, which we shall lay before our readers. It seems to us that every Institution, which has for its object the good of the community, should seek to elevate the standard of Medical Education, and thus contribute not only to protect the ignorant but to preserve the dignity of a noble profession. The illiterate and dissipated should not be allowed the honors of any of our Colleges, and it seems to us that the time is not far distant when those which confer degrees upon such will sink into merited disgrace.

It requires talents, integrity of character, patience and persevering industry, to excel in any profession, but in the medical they are all essential, even to a common practitioner. We are aware that with them a well disciplined mind will accomplish much, even when deprived of the advantages of an early education. Still this should by no means be neglected. Indeed, Medical Colleges should require every student to furnish a diploma with the evidences of a good moral character, from a respectable literary institution, or subject him to an examination before he is allowed to matriculate. If this course were adopted, the standard of our profession would be elevated, and many that are now let loose upon society, only to destroy its members, would be returned to the

plough, the hammer, or the scenes of dissipation, which they have just left. Medical Institutions certainly owe something to the communities in which they are placed. In the present rage for doctor-making, the principal object with them appears to be *number* rather than *quality* of pupils. A spirit of competition is abroad, in this respect, which is equally as disgraceful to the schools as it is injurious to the profession and the public. But here is the article we referred to.

"Of the multitude of young gentlemen engaged in the study of medicine in the United States, there are doubtless some destined to rise to enviable distinction, whose beginning has been of the most unpromising character; and others, with every possible advantage, who will never be recognized as ornaments of the profession. That there is a natural tact manifested in certain individuals, for conducting the business of a general practitioner, cannot be questioned. One man will acquire reputation, with the desirable accompaniement of wealth, and through a long and active life maintain an elevated standing in society, and yet fall far below the sterling qualifications of a neighbor, who may, perhaps, have struggled with a series of disappointments and vexations, in attempting to gain his daily bread. It has been remarked, that those students who have pursued their studies under the greatest disadvantages, and acquired their knowledge at the expense of all those pleasures which fascinate, distract, and oftentimes corrupt the wealthier class of pupils, usually succeed best, and ultimately triumph over all the difficulties which opposed their progress in the pursuits of science. This proves nothing more, however, than that man, under certain circumstances, doubles his diligence and systematizes his time, and therefore overcomes, by steady perseverance, obstacles which, though apparently insurmountable, only required prudence and economy to subdue. But of all the sustaining powers which a medical student has at his requisition, there is nothing more important to his future success, than a disciplined mind. Next, his habits—those every-day exhibitions which one makes of himself to the argus eyes of the world—are of immense consequence.

At the period when students usually commence the study of medicine, the mind is developed, and those leading traits of character on which their future respectability in life is to depend, show themselves prominently. It involves no spirit of prophecy to predict, with considerable certainty, even in the very beginning, the success with which an individual will pioneer himself into public favor and esteem; —or to mark out the chart of his disappointments, when he swerves from those principles on which all degrees of personal happiness have a positive foundation.

In this age of excitement, medical students are quite as likely to be operated upon by the noxious influences of bad example as any others: indeed under certain circumstances, more so. Some of the collateral departments of medicine seem to expose them to peculiar temptations. Temperance, sobriety of deportment and uncompromising integrity, never failed of sustaining a man in any honorable vocation, in the es-

timation of those whose favor was worth possessing. Though all cannot become eminent, there is no possible apology for not being strictly upright and virtuous. All deviations from this plain and praiseworthy course are invariably attended with self-reproach, parental grief, and the marked displeasure of all who were disposed to be true friends.

A medical student in our cities is not required by any laws of good society to maintain a race-horse, to devote hours to the theatre which should be exclusively employed in study; nor is he the less honorable for not wasting in the cup what would conduct him triumphantly through his pupilage. It were to be wished that dissipations of all kinds were frowned upon so severely by the faculties of medical institutions, that no one, known to be habitually intemperate, could be admitted to a degree.

These reflections were elicited, a little time since, in consequence of witnessing, in a barber's shop, the sickening spectacle of a medical student so thoroughly drunk, that it was even difficult for him to articulate his own name. This was not all,—he had fallen on the sharp edge of a granite door-step, and cut a fearful-looking gash under the margin of the lower jaw. Yet this man is called highly respectable, belongs to a fond and indulgent family—doomed, beyond a question, to deplore, hereafter, with aching hearts, the degradation of a child of many prayers. But in this instance there is scarcely a hope of reformation, because no one presumes to tell the gentleman of his faults, and colleges were never known to frown with terrible vengeance on this kind of folly in youth. One who attempted to prove that this same hopeless candidate for honor was guilty of no very reprehensible practice, though he admitted it was unfortunate, felt persuaded that getting intoxicated occasionally would not essentially interfere with any duties he might be called upon to perform. "Why," said he, "the habit is formed, and he must have it." Within a month, in one of his Bacchanalian orgies, an acquaintance took the liberty of taking six hundred dollars from his pockets, which would otherwise have been the spoil of thieves before he became sober. With this shameful vice, which he has not the decency to try to conceal, this same young man is looking forward with delight to his lawful emancipation from books—to do what!—to practice medicine! Ye destinies,—spare the patients of such a physician!

Hereafter, the saying that was once common in this country, that this man and that man are excellent physicians or surgeons, as the case may be, if called when they are sober, will not be heard. Those who indulge any expectations in the profession will be compelled, from necessity, if not by higher motives, to be gentlemen in conduct. A dissipated student ordinarily ends his career as wretchedly as those in humbler walks; while his moral guilt is vastly greater, from the circumstance that he knew the moral and physical danger, but disregarded the consequences of both.

As the members of the profession are multiplying with rapidity, no second-rate acquirements will suffice. People know readily how to discriminate the qualities most desirable in a physician. To real skill, must be superadded those sterling qualities of character which command the homage of such as value those who appear properly to respect themselves.

Earnestly desiring that these admonitory observations may fall under the eye of him who elicited them, and excite him to an effort to disenthral himself from the iron grasp of a fiend that devours and spares not, we cannot refrain from whispering to any others verging towards the same fearful precipice, to reflect, if but for a moment—'*honor and shame from no condition rise.*'"

The case here given is by no means an uncommon one. Students frequently find their way into cities, for the purpose of attending medical lectures, who spend all their money at card tables or coffee-houses, and at length leave them in disgrace, or borrow from their sober associates, without the most remote idea of ever paying. We have a case of this kind in our eye at present. A young man came to our city, from a distance, highly recommended by relatives in the profession, known to be of the highest standing both as writers and practitioners. He spent his money at the race course or gambling table, while he procured his tickets on credit, and borrowed money to pay his current expenses. At length he was arrested by an officer, and his parent, who had supplied him liberally, refused to furnish him with any more funds. Had this youth, who was highly respectable, attended to his books, instead of scenes of dissipation, he might have been the pride of his friends and an ormanent to the profession, instead of a disgrace to both. Should he still find his way into the community as a doctor, with his present habits, his patients must *feel* the effects of his vices. W. W.

Art. IV.—British and Foreign Review.

In our last number we mentioned the reception of the two first numbers of the British and Foreign Review, edited by Drs. Forbes and Conolly, of London. The able editor of the Medico Chirurgical Review characterizes the new Journal as being transcendental and exquisite—as "a splendid Bazaar of Continental commodities, of the latest fashion"—but at the

same time designates it as "excellent"—and says, that far from casting an eye of envy or jealousy on this neighboring Repertorium—we welcome the stranger with the most cordial greeting."

We, not only welcome this new Journal, but warmly recommend it to our readers as a rich repertory of facts and opinions on medical subjects. The following article we have extracted from the second number of this new periodical.

On Diseases of the Spleen, as they occur in India. By J. O Voigt, Physician to the Danish Establishment of Frederiksnagor (Serampore.) Chronic diseases of the spleen are so frequent and fatal throughout India, especially in the low marshy provinces of Bengal, that we have good reason to complain of the neglect with which they have hitherto been treated. Most writers on the diseases of warm climates either content themselves with merely mentioning them, or else despatch them in just as unsatisfactory a manner as the authors of general systems of medicine. Even Dr. James Johnson, in his excellent work on Tropical Climates, passes them over altogether; and Amnesley's voluminous "*Researches*" and "*Sketches*," contain comparatively little on the subject. Mr. Twining, however, surgeon to the general hospital in Calcutta, has given, in the 3d vol. of the Transactions of the Medical Society of that city, a good treatise on Splenalgia.

The chief forms under which Dr. Voigt observed affections of the spleen to occur were, what he terms, *splenitis chronica*, *splenalgia congestionis*, and *lien ingens*.

Chronic splenitis displays a more or less clearly marked inflammatory diathesis, and is attended with pyrexia, considerable pain, and an uncommon degree of weakness: it chiefly attacks children of European origin, and those of rich natives, as well as persons of a more advanced age who are addicted to a stimulating diet; and appears to be principally seated in the proper membrane of the spleen. The swelling, in the first stage, is never very great, and often scarcely perceptible.

Congestion of the spleen (or splenemphraxis) shows the plain marks of an atonic diathesis, and is not at all, or but to a trifling extent, attended with febrile symptoms; it does not occasion much pain, but causes a considerable tumor, which occasionally fills the whole of the epigastric and mesogastric regions; this disease most generally occurs among the natives, and is seated in the spongy parenchyma of the organ.

Enlargement of the spleen often occurs and continues for a considerable period without pain or injury to the constitution; it does not appear to be attended with any obstruction, and is observed mostly amongst elderly individuals of the natives.

1. *Chronic splenitis* generally commences with anorexia, restlessness, sleeplessness, and a peculiar irritability of mind, which is especially remarkable in children. They gradually lose all desire for play

wish to be constantly carried, hang the head, cry frequently, and manifest the greatest indifference to all that passes around them. After these precursory symptoms have continued for some days, and sometimes even two or three weeks, the essential symptoms of the disease begin gradually to appear. The face becomes pale, lead colored, or sallow, and the conjunctiva of a pale bluish color. The skin, especially of the abdomen, communicates a disagreeable sensation of heat and dryness, and the pationt falls into a state of weakness greatly disproportionate to the duration and degree of the attack. The pulse is frequent and somewhat hard, and headache, a peculiar uneasiness, slight difficulty of respiration, palpitations, and occasionally pain in the left shoulder, supervene. There is a constant feeling of tenderness and weight in the left hypochondrium, which is increased by pressure, and that often so much as to cause a loud scream. On examining the patient while lying on his back, and pressing with the fingers under the false ribs of the left side, a hard tumor is felt, which is greater or less according to circumstances, but is always of much smaller dimensions than in cases of splenalgia congestionis. The erect posture is uncomfortable to him; he likes best to lie on his left side, with the body somewhat curved. Although the tongue is moist and clean, he complains of thirst, and, after his meals, of gastrodynia, flatulence, and *ardor ventriculi*. The bowels are very irregular, but generally costive; the fæces are brown, green, or sometimes black; and the urine is pale and copious. After an uncertain period, the disease terminates either by recovery, or by passing into other diseases and causing death.

2. *Splenalgia congestionis* is the most usual of the chronic spleen diseases prevalent about Serampore. Its most remarkable precursory symptoms are lassitude, heaviness, a dislike to any kind of exertion, weakness, costiveness, and a sense of heat in the left hypochondrium. These are followed after some time by a tumor in the region of the spleen, which, though tender to the touch, is by no means so much so as in chronic splenitis. On the other hand, its bulk increases to such a degree that it generally occupies the entire of the left hypochondrium, and of the epigastrium strictly so called, and sometimes of the epigastric and mesogastric regions. The skin is dry and cold, and the cutaneous veins of the abdominal region are considerably dilated, and present a reticulated appearance. The patient experiences an indescribable lassitude and weakness, together with vertigo; the lips and gums lose their color; and the face becomes dingy, sallow, and cachectic. The bowels are tardy and constipated; the fæces dark colored; the urine pale and copious; the pulse small and feeble; the tongue generally clean and moist, and the appetite good and sometimes even voracious; but the process of assimilation goes on very imperfectly. In proportion as the strength diminishes, the flatulence, anxiety, and irritability increase; the extremities are reduced to skin and bone; cough and dyspnœa set in, and the feet become œdematous. The pulse is sometimes quickened towards evening, and the patient then suffers from an insupportable inward beat, which prevents sleep. He cannot bear to lie upon his right side, and sometimes not even on his back, but finds lying on his left side with the body curved the least uneasy posture. When walking, he generally bends to the left, and supports the left hypochondrium with his hand. The disease in fe-

males is generally attended with amenorrhœa. These symptoms, which, with a few exceptions, appear in every case of simple congestion of the spleen, continue till the disease is removed, or terminates in others, and eventually in death.

3. *Enlargement of the spleen* is generally observed amongst elderly natives, and is undoubtedly in most cases a sequela of mild intermittent fevers. The tumor is soft, not of very great magnitude, bears pressure, and produces no inconvenience except a sensation of weight. It does not appear probable that there can be any obstruction existing in such cases, which probably are of the same nature as those mentioned by Regia (Specim. observat. anat. and pathol. Ticin. 1784), in which, according to that author, the vessels can be beautifully injected.

The cachexia connected with *splenalgia Bengalensis* frequently manifests itself by a malignant ulceration, the disposition to which is so great that leechbites and blisters occasionally give rise to foul or phagedenic ulcers, which, in cases where mercury has been employed, and the patient is in a swampy situation and debarred from free access of air, occasionally terminate fatally. *Stomacace* also, both simple and scorbutic, often occurs among the poorer natives; and, although most authors recommend mercury in splenalgia, it is an indisputable fact that even a very small quantity (a few grains for instance) generally occasions a profuse salivation, and occasionally so violent a *stomacace mercurialis*, that mortification sets in, the teeth drop out, the bones become carious, and death ensues.

We have given the description of the symptoms thus at length, as well because it is the most circumstantial that we have met with, as that it may have the effect of inducing the profession in those countries to pay more attention to diseases of the spleen than they have hitherto done. From contemplating a disease in its most exquisite form, as existing where circumstances are most favorable to its development, we are the better able to judge of its pathology, and of its bearings in various respects; and it is not unlikely that, even in this country, many symptoms, generally attributed to dyspepsia, &c., may arise from a milder form of the chronic splenitis above described. We learn too that this disease may exist to a considerable extent without producing any very perceptible tumor; and on the whole it is not unreasonable to conclude that a chronic morbid action, sufficient to produce considerable uneasiness and constitutional disturbance may be going on in the spleen, for some time, without giving rise to any symptoms of such a nature as to lead us to suspect its seat to be in the organ.

As the author, on account of the prejudices of both natives and Europeans, has not had the opportunities that English medical men attached to the army or to hospitals in India have enjoyed, he is obliged to refer to them for a description of the appearances observed in the spleen after death. Proceeding next to the etiology of the disease, he contradicts Annesley's assertion respecting its comparative infrequency in India, and states that, at least in Bengal, the case is quite the reverse, both according to his own experience and that of Mr. Twining. The predisposing causes he mentions are: 1, season; splenalgia, though occurring at all times of the year, being most prevalent towards the conclusion of the periodic rain, and at the com-

mencement of the cold season: 2, age and sex; children and delicate young men being most subject to it, while elderly persons, and women after puberty, are comparatively exempt: 3, low swampy situations, overgrown with jungle: 4, perhaps sol-lunar influence.

The most usual occasional causes are: 1, tedious remittent and intermittent fevers: 2, want of exercise and proper clothing, unwholesome diet, and intemperance in eating; these causes often produce an idiopathic splenalgia, among the natives: 3, abuse of stimulants, especially arrack: 4, opium-eating: 5, every thing that has a tendency to debilitate the system in general, and the digestive system in particular, such, for instance, as depressing passion, &c.: 6, external injuries, such as contusions from falls; but this cause does not often come into play.

In speaking of the proximate cause of splenalgia, there is a remarkable coincidence in opinion between the author and Dr. Hodgkin, in his Essay on the Uses of the Spleen. After stating that it has been proved by the experiments of Defermon on animals, that the spleen is capable of admitting a considerable variation in its size, and that its vessels can bear to be greatly dilated for some time without producing any local or general obstruction, he proceeds to observe that it is evident that, under particular circumstances, in the cold stage of intermittent fever for instance, there is a large quantity of blood thrown in upon the abdominal viscera, which would have a most destructive effect upon the more important organs, if the spleen, from its spongy and elastic texture, were not adapted to serve as a temporary reservoir for a considerable portion of the superabundant fluid: and that repeated and prolonged congestions of this description must, in persons who have been exposed to miasmata and other debilitating causes, produce a state of irritation of the organ which may terminate in chronic inflammation, or in an incurable induration.

Treatment. The disease is always difficult to cure, mostly very obstinate, and frequently fatal. Accordingly Dr. V. describes, at a length commensurate with the difficulty and importance of the subject, the treatment that has been found most successful in its different forms; and makes some useful practical remarks on the inconveniences attending other modes that have been proposed by different individuals: the use of mercury, for instance, he most strongly reprobates. The measures he recommends, besides attention to the diet, &c., are to attack the inflammatory symptoms, when such are present, by leeches, gentle purgatives, tepid baths, and the application to the region of the spleen of a cloth dipped in nitro-muriatic acid considerably diluted with water, and covered with an emollient cataplasm; both to be frequently changed.

The febrile irritation and local inflammation once removed, the next indication is to endeavor to diminish the bulk of the spleen. This is most likely to be effected by the continued use of purgatives combined with tonics, and by certain topical applications. He considers the preparations of iron in general, and the sulphate more especially, to have some specific influence on the spleen; but advises caution in its application, as an overdose readily produces cardialgia, gastrodynia, vomiting, and diarrhœa; and it is absolutely contra-indicated where there is any febrile irritation present, as well as in hepatic, pleuritic, and dysenteric complications. The other internal remedies are aloes

and myrrh, combined with senna, gentian, carminatives, diuretics, and diaphoretics; nitric acid; and tartar emetic in small doses. The topical applications are, friction with the flesh-brush; nitro-muriatic epithems; small blisters; stimulating liniments to the abdomen; and moxas.

The treatment of chronic splenitis or of congestion of the spleen, difficult enough when they are simple, is rendered still more so by their complication with other diseases. For instance, in *splenalgia hepatica*, mercury, though indicated for the liver, cannot be employed, as it increases the spleen disease.

In another part of the paper Dr. Voigt makes the following remarks on the terminations of splenalgia. "In Bengal, it rarely runs on to suppuration, but, when not fatal, it generally terminates in induration, if not cured in time. The febrile symptoms then disappear, and the pain in the left hypochondrium is much diminished, but the tumor remains and becomes hard and distinct. The health improves, and, with the exception of costiveness, a sensation of fulness and weight under the left false ribs, a dry cough, some dyspnœa, and occasionally a slight pain shooting to the scapula, the patient feels pretty well, and may live on for many years in that condition. He is however generally predisposed by it to fever, liver complaints, dysentery, dropsy, and cholera, by some one or other of which he is at last carrried off. Splenalgia, especially when complicated, sometimes runs its course very rapidly, and may terminate in death in three weeks or a month. Œdema of the feet and legs, ascites, dysentery, echymoses, a malignant stomacace, and singultus, are the general precursors of death in subacute cases, whilst obstinate diarrhœa and hectic close the scene in the most usual form, splenalgia congestionis. Persons who have once had chronic disease of the spleen are very liable to be attacked by it again.—*Bibliothek for Læger*, *No.* 2, 1834. Copenhagen.

Art. III.—Creosote.

Our readers are aware that this new medicinal substance, the product of repeated distillations of the oil which comes over with the tar in the process of making pyroligneous acid, has been employed in various affections. M. Reichenbach discovered it, and called it "Kreosote—from *kreos*—flesh, and *sozo*—I save, and like every discoverer of a new medicine, he has lavished great praise upon its therapeutical powers. He says, that in his hands, it proved a cure for cairies, cancer, carcinomatous ulcers, rheumatism, pneumonic diseases, &c.

Dr. Elliotson, of the London University, has lately, as we learn from the April number of Johnson's Medico-Chirurgical Review, published a paper eulogistic of Creosote, as effectually remedial in several severe varieties of morbid affection.

1. Phthisis—internally given, Creosote was of no avail, but employed in the way of inhalation, by dissolving it in mucilage and water, and making the patient breathe through the mixture, it mitigated the cough and expectoration, and increased the facility of respiration.

2. Neuralgia—given in doses of from one to seven drops, three times a day, it proved very beneficial in this disease.

3. Vomiting—the power of the remedy in arrresting vomiting where no gastritis exists, is perfectly established according to the testimony of both Drs. Elliotson, and Roots.

Dr. Elliotson says, "I have repeatedly seen it succeed after the failure of Prussic acid, which is the most powerful remedy I previously was acquainted with in subduing the action of the stomach." He advises it in doses of from two to three drops every one, two, or three hours, as the case may be. In cholic it will arrest vomiting, and thus secure the action of the other medicines by enabling the stomach to retain any cathartic which it may be thought proper to administer. In vomiting from pregnancy it is very available in quieting the stomach.

4. Dyspepsia—in some forms of this affection, where no inflammation or structural disease of the abdominal viscera exists, it is a superior remedy.

5. Chronic Glanders—affecting one nostril and the frontal sinuses, contracted from a glandered horse—was subjected to a "sedulous injection of a weak solution of creosote up the nostril," and the "whole of the symptoms, after a very few weeks," were removed.

In Epilepsy, Diabetes, and achne indurata—the remedy seemed to have proved ineffectual.

Dr. Roots regards creosote as holding the same rank in the Materia Medica, as a remedy in irritable conditions of the stomach, free from all inflammatory action, as does the Oxide of Bismuth." W. W.

ART. IV.—FUNGUS HÆMATODES. *By M. Smith, of North Carolina.*

In the American Journal of the Medical Sciences for May last, we have an interesting report of a case of Fungus Hæmatodes of the Eye, which was entirely removed without any return of the disease, although the operation was performed more than a year since. The subject was a colored boy, ten years old, of good constitution and without any hereditary taint of the kind whatever, although the affection seemed to commence in a white spot, which gradually enlarged into an extensive tumor, when the child was only six months old. The eye was extirpated in the usual manner, and, although there was "*furious* hæmorrhage" in the early stage of the operation, the discharge was speedily arrested by moderate pressure after the tumor was removed. When examined, both before and after the operation, no trace of the healthy structure of the eye was apparent. The socket was kept filled with lint, under a moderate pressure, until granulation ceased and the cavity was quite filled. The operator attributes much of his success to the continued pressure he employed, notwithstanding Mr. Lawrence disapproves of the process. The diet of the boy for a short time before, and constantly after the operation until he escaped from the hands of the surgeon, was corn bread and mush, of the salutary effects of which the reporter entertains a high opinion.

Although the operator seems to entertain no doubt as to the nature of the tumor, still we are not decided, even from his own description, that it was a true fungus hæmatodes. The medullary structure, so characteristic of the disease, was not present. It is true, the writer informs us that the tumor "consisted of that vascular or fibro-vascular network, denominated *accidental erectile tissue*, or *fungus hæmatodes*, strictly speaking," yet when he describes its intimate structure he informs us that it exhibited generally the appearance of

areolar tissue. Indeed, the whole description, especially when taken in connection with the fact that it did not reappear after the operation, convinces us that it was not connected with a constitutional taint; and, therefore, it cannot be considered as a true fungus hæmatodes. The great variety of tumors approximating malignant fungus formations, especially of the eye, are often so vaguely described by authors, that it is difficult to determine the precise nature of the disease. As the reporter, however, seems to be a close observer, as well as a good scholar and correct writer, we would be willing to concede much to his opinion, especially as we have not been able to examine for ourselves.

In connection with the above case, Mr. Smith gives us the description of an encepaloid tumor, taken from a female breast, a few weeks previous to his report, but he does not state whether his patient survived the operation any time or not. W. W.

ART. V.—OPERATION FOR INGUINAL ANEURISM. *By Wm. H. Ruan, M. D., of St. Croix.*

The same number of the Journal contains a report of an interesting and difficult operation for aneurism on the right external iliac artery of a mulatto man, 48 years of age, a resident of one of the West India Islands. The swelling in the groin, though small at first, increased rapidly in size until the limb measured five inches more in circumference above the trochanter major than the one on the opposite side. The tumor had a strong pulsation, which spread over an extensive surface, which could be handled without giving any pain. The limb below was much swollen, with considerable venous conjestion, and the entire case afforded but little prospect of a cure even by an operation. An operation however was decided upon, and we will let the surgeon describe it for himself.

"I made the first incision through the skin and subcutaneous cellular substance, commencing about one inch above the superior anterior spinous process of the ilium and an inch and a half on the inside of it, carrying it down with a very slight curve to the right of the patient, and terminating above the upper edge of Poupart's ligament at about half an inch on the outside of the course of the artery; thus making a cut of about three inches in length. The tendon of the external oblique muscle being next divided through the length of the first incision, the fibres of the internal oblique muscle were exposed. These were partially divided at the lower portion of the incision by the knife, and pushed upwards by the finger. I next inserted my finger between the peritoneum and superincumbent transversus abdominis muscle and the remaining fibres of the internal oblique, and with a curved bistoury divided these upwards. By pushing the peritoneum upwards, I readily felt the external iliac artery beating strongly. I experienced some difficulty in separating the fibres of fascia propria of the vessels, so as to disengage a portion of the artery from the continuous vein; but by a little perseverance with the nails of my fore fingers and the handle of a scalpel, I accomplished it; and, with an ordinary aneurismal needle, I then passed a strong ligature around it, and tied it firmly. The pulsation of the tumor, of course, immediately stopped. The ligature consisted of a strong lint thread, doubled and waxed; and was passed under the artery from the out to the inside of it; this mode being found, in the present case, to be the most easy. Care had been taken, during the operation, to disturb the peritoneum as little as possible. No small arteries bled, and the patient did not lose more than a couple of table-spoonsful of blood from a small superficial venous twig which had been wounded, and which retracted and ceased to bleed on being entirely cut across.

The ligature was allowed to hang out at the lower end of the wound the edges of which were kept together by a single stitch and two strips of adhesive plaster. Finally, a firm compress and bandage were applied.

The temperature of the limb rose, immediately after the operation, considerably above that of the opposite side. My prescriptions were a diet of animal food principally, two glasses of wine in the course of the afternoon, and applications of bottles of warm water on each side of the limb through its whole length, and to the sole of the foot."

After the operation, the wound healed speedily without any unpleasant symptoms, and the patient returned to his occupation. W. W.

Art. V.—Steam and Botanic Journals.

We have recently received a number of Steam and Botanic Journals, containing a variety of rare articles on the medical improvements of the present day. It appears from a Worthington monthly, that two of the professors in the "Reformed College" at that place, have really amputated the leg of a boy whose foot and ankle were much injured by an accident! The case is detailed with all the minuteness of an original operation, and we presume, from the manner in which it is related, the operators anticipate much credit for the skill displayed on the occasion. The professors claim to be teachers in an improved medical institution, and yet they are compelled to add the common names of all the bones and other parts concerned in the operation, that their readers may understand what they are saying, although they are writing for the benefit of the profession! Thus after saying tibia and fibula, terms known to the merest tyro in medicine, they add, "*both bones of the leg;*" after patella, they say, "*or knee pan,*" &c. Ye powers preserve us from such reformed doctors.

We find from the same monthly that the said Botanic Reformers and Steamers have engaged in a violent quarrel, as to which are the real Simon Pures of reform. The Thompsonian Recorder is said to contain "a tissue of wilful, *bare faced*, *slanders*, and *misrepresentations*," while the Worthington Monthly, if we may credit the report of the steamers, is no better. The truth is, the days of such reformers are numbered, and their advocates will soon cease to prey upon the ignorant. Still it is not probable that we will be entirely relieved from quackery, for the present sects will no sooner pass away than others, equally notorious, will be warmed into existence by vulgar prejudice.

W. W.

III.—ORIGINAL.

THE WESTERN JOURNAL.

E Sylvis Nuncius.

CINCINNATI, OCTOBER 1st, 1836.

1.—Traveling Memoranda—From the *Editor.*

St. Louis, Mo., June 6, 1836.—The great relative importance of St. Louis, among the new cities of the expanded and flourishing West, must render a passing *medical* notice of its physical and social condition, acceptable to the readers of the Western Journal. St. Louis is strictly the capital of the *Far West.* Situated beyond the original limits of the Union, on the further bank of the Mississippi, and at the edge of the great eastern declivity of the Chippewyan, absurdly called Stony Mountains, a traveller from the central part of the Valley of the Ohio, finds himself, on landing at this place, quite without the limits of his former associations, and feels many new and interesting emotions. The expanded, deep, and rapid river that washes the rocky *quay* of the town, and carries onward to the ocean the sandy and argillacious *debris* of the extensive diluvial formations, through which the Missouri rolls its waters, presents him with geological specimens of the great western *terra incognito*, and animates him to inquire into the

composition of those turbid waters, and their probable influence on the health of those who drink them, and of those who live where the alluvion of the stream is accumulated. These deposites are constantly changing their places, so that families which were once on the margin of deep waters, are now in the neighborhood of extensive *bars*, composed of sand, clay and uprooted trees, confusedly blended, and exposed in July, August, September, and October, to the rays of the sun. Extensive deposites of this kind, annually extending in some directions and contracting in others, exist adjacent to the lower parts of the city, and must be looked upon as a source of autumnal disease.

Immediately opposite this bar, there enters the Mississippi a small stream, the bed of which for a quarter of a mile abounds in slime, which lying to the south of the city, must, to a certain extent, be regarded as injurious to health. A high mill dam thrown across this stream, forms, above and to the south-west of the city, a sinuous lake of deep clear water, surrounded by high, verdant banks which, therefore, cannot be supposed to exert any great degree of mischievous influence on the health of the city, although lying in the course of its summer winds.

On the opposite side of the river, is the American Bottom, extending from the mouth of the Kaskaskia river, to Alton, above the junction of the Missouri with the Mississippi; and having, opposite St. Louis, a width of six or eight miles. I crossed this *bottom* to the Illinois *bluffs*, and found it abounding in shallow lakes, lagunes and bayous, which, during the rains of spring, accumulate a great deal of water, much of which is lost by evaporation and infiltration in the course of the summer. This *bottom* is among the most fertile spots of the whole earth; and in a century, when a system of draining and tillage shall have been established in it, will become healthy, but, at present, it is infested with musquitoes, and intermittent fevers; the latter followed by enlarged viscera and dropsical infiltrations. As the Mississippi is two-thirds of a mile wide, and the Illinois alluvion lies directly to the east of St.

Louis, it cannot be regarded as contributing much to the unhealthiness of the place.

The city is built on a gentle declivity, highly favorable to cleanliness; but its municipal authorities do not seem to pay any special attention to the "art and mystery" of *scavengering*.

The substratum of its site and of the country in its rear, is a secondary siliceous lime stone, abounding in beds of bituminous coal. The elevation of the highest part of the city, above the mean height of the river, may be eighty or one hundred feet—that of the adjoining country, as much more. The surface of the latter is undulatory with basins, from which the rains pass into the cavernous lime stone below, to burst out in large perennial springs, which, however, are not very numerous. On the whole, the topography of St. Louis seems to me rather more favorable to health, than that, either of Cincinnati or Louisville. Six miles west of the city, there is a SULPHUR SPRING, which, however, has not yet become a place of fashionable resort. The fuel consumed by the citizens is a mixture of wood, and bituminous coal abounding in pyrites. At present the former predominates, but it is easy to foresee that at no distant time the latter must be chiefly used.

The city is supplied with water from the Mississippi, pumped by steam machinery into a basin constructed on one of the ancient mounds, which abound on either bank of the river. Taken from the Missouri side of the stream, it has, of course, the muddiness of that river, but by subsidence and filtration it is rendered transparent and pleasant.

The population of St. Louis, consists of creole French, quite a minority; negro slaves, not very numerous, *apparently* not so many, compared with the entire population, as the free negroes of Cincinnati; German and Irish emigrants, the former much the most numerous; and, lastly, emigrants from the various states, from New England to the Carolinas inclusive. In addition to all these, there are always sojourning in it, a great many of boatmen, and a number of hunters and fur-

traders. Thus, the elements of its population, are extremely diversified; and many fine opportunities will be created for studying the varieties of physiological character, which must necessarily result from an extensive commingling of the different *castes.*

The physicians of the city are, as in the other towns of the West, in good proportion to the number of the people. The majority of them appear to be "new comers," and gentlemen in early life, educated in various schools. They are not *entirely* without some of the intestine difficulties which perplex the faculty, in all new towns as well as old; but a laudable effort has lately been made, to obviate jealousies, and create a professional *esprit du corps*, by establishing a society, which is styled the Medical Society of Missouri. Its officers are *Dr. Farrar*, the oldest and most popular physician of the place, president; *Dr. H. Lane*, likewise an old and influential physician, vice president;—*Dr. Johnson*, corresponding secretary;—*Dr. Brown*, recording secretary; and *Dr. Bolling*, treasurer.

This society has the distinction of being the first ever established west of the Mississippi river. I had the advantage of being present at one of its meetings, and listened to a debate on the pathology and treatment of Epidemic Cholera, in which the different gentlemen who spoke, evinced the same diversity of opinion, that prevails in other and older medical communities. I should not infer from any thing which I then heard, or have learned since coming into this region, that there is reason to fear a return of the epidemic, the present summer. I trust indeed, that it has expired in this latitude, if not in the southern border of the United States, where however its cause may, perhaps, still linger.

St. Louis has one public infirmary, called the St. Louis Hospital. It is in the management of the Sisters of Charity, by whose exertions in a great degree, it was founded. It has attached to it, an entire square in the southern, but not the healthiest part of the city, presented for the purpose, by the late Mr. John Mullanphy. The edifice, erected by contributions from the citizens of St. Louis, is small, but well adapted

to the object, and furnished and kept in a style of great comfort and neatness. Many of the sick paupers of the city are sent to it at the public expense. In addition, strangers who have the means of payment, are permitted to enter, and selecting their own physicians, secure to themselves the care and sympathy of the respectable ladies, who have dedicated their lives to this labor of charity. The medical attendants are Dr. Campbell and Dr. Call.

Monte Sano, July 15, 1836. The phrase "Mountain of Health," may, I presume, be taken as a fair translation of the two Latin words, which indicate the spot from which I now write. But where is Monte Sano? Why, inquisitive reader, just two miles east of the *ancient* and tranquil town of Huntsville in North Alabama; and its summit towers about 1000 feet above the table land on which said town is built. As the Cumberland mountain stretches down to the south west, it explodes, so to speak, into several masses, more or less disjointed, and Monte Sano is one of these. Its flat, sand stone summit, overshadowed by stately oaks and chesnuts, is bounded by mural precipices, from one or more of which, springs of pure water burst out with a temperature proper to the latitude of 39° instead of 35°.

Such is the summer retreat of the people of Huntsville, or of such of its wives and daughters, as prefer the labor of climbing into a higher elevation, to that of traveling into a higher latitude, or of remaining at home below.

Although of limited extent, the area of Monte Sano, is great enough to afford comfortable hot weather abodes, for several thousand persons; and not being at this time "in the way" of prescribing "drugs and medicines" I beg leave to send to such of our drooping friends in Louisiana, Mississippi and South Alabama, as may see the Western Journal, the following prescription:

R. *A residence on Monte Sano, for the three summer months.*

This is especially adapted to all such as cannot make long voyages to the north; or have no more sagacity when they

make them, than to continue in the deep valleys of the rivers which they ascend.

But Monte Sano is not the only salubrous mountain of this region. The various chains known under the names of Blue Ridge, Cumberland, Clinch, Walden, Racoon and Look-out, through which the beautiful Tennessee and its numerous tributaries meander, would afford summer residences for a nation. They are the back and upper country of the South, its north-land, a subalpine region, where the bilious and wilting planters of the great southern declivity, from the Saluda to the Arkansas, might congregate in hot weather, and enjoy the luxury of cool and fresh breezes — pure and cold water — mountain rambles — new companionships, and thunder storms under foot as well as over head.

Epidemic Cholera.—In traveling from Memphis on the Mississippi, in the Western District of Tennessee, through North Alabama, as far as Knoxville in East Tennessee, I have every where been assured, that the Epidemic Cholera has not yet visited the people. Memphis suffered, but not in any remarkable degree. Most of the towns in the interior of West Tennessee have not been scourged, even with the far famed, and much talked-about premonitory symptoms, in other words with *the* disease in a mild form. The same remark is applicable to North Alabama, on each side of the Tennessee river, embracing Florence, Tuscumbia, Courtland, Decatur, Triana, Athens and Huntsville; while many towns in Middle Tennessee and in the south western portions of Kentucky, were sorely afflicted. To what should this exemption be attributed? To the latitude? No, for the epidemic has appeared both north and south of this region. To the elevation above the level of the sea? No, for the bed of the Tennessee river is intermediate in this respect, between the beds of the upper Ohio and the lower Mississippi. To the composition of the soil? This question is not so easily answered; for throughout almost the whole region, from the Cumberland mountain to the Mississippi river, the soil is of the red color, which seems to indicate a vast quantity of the *peroxide* of iron, and is

regarded as eminently favorable to the growth of cotton. Underneath this stratum the rocks, it is true, are in some tracts, as the Western District just mentioned, a conglomerate of free stone, while in other portions, as North Alabama, they are chiefly calcarious. Still it must be admitted, that the soil itself may have had an influence in warding off the pestilence. Has the water of this extensive region exerted an influence? None whatever; for part of it is from wells and part from springs—part is soft and part hard—freestone and limestone springs being scattered over the whole region. Should the exemption be ascribed to the absence of marsh or paludal tracts? By no means; for although the general aspect of the country is broken and the surface dry, still many of the smaller rivers, especially in the Western District, as well as the Tennessee river, have wide alluvial lands, which are annually inundated, and subject to the autumnal diseases, usually met with in such localities. Was it any thing in the modes of living of the people of this region that preserved them? Certainly not for they live, like their surrounding neighbors, on a most copious larder; and a corresponding supply of hot bread—the temperature of which is proportionate to the warm hospitality of the South. Is it the want of trade and commerce, and their great high ways? It is not; for steam boats ply on the Tennessee river from Paducah, at its mouth, to Knoxville in the mountains, a distance of 700 miles, and many great routes of travel and migration, intersect the country in various directions, while no *Cordon Sanitaire* has been thrown across them; no quarantine imposed; no non-intercourse established. To what then *can* we ascribe the exemption of this region? I hope some of its numerous inquiring and intelligent physicians, will make the discovery, and transmit it for publication in the Western Journal.

Feather Beds. It is bad enough to sleep on feathers in summer, when one lives far in the north; but to be delivered over to such a fate, in the latitude of 34°, is deplorable. Every where in this region, the taverns, and, in general, the houses of the people, are furnished with feather beds, for June,

July and August, not less than for January. The medical gentlemen of this country should raise their voices against this absurd and enervating custom. A hard bed for hot weather, referring either to health or comfort, should be the motto of the whole South.

Steamers.—Although this region has protected itself against the Cholera, it has been out-generaled by the steamers, who, like the Influenza of the year 1807, have advanced regularly from the north-east to the south-west. In every town, we as certainly see their signs, generally lettered with the words "*Botanical Doctor*," as on the Ohio or the Hudson. No Empyricism in modern times, has been so diffusive: happy would it be for society, if none were more permanent. Steam doctoring is already on the decline in this region, as well as in its native north.

Physicians.—It may not be uninteresting for me to say, that from Cincinnati to this spot, by way of St. Louis, I have met with physicians every where that are not graduates; and with not a few, who have never attended even one course of lectures. It is quite a mistake, that too many young men study medicine, unless they could be restrained from abandoning the profession. Of the graduates, where I have been, the plurality are *alumni* of the University of Pennsylvania, and next in rank is the Transylvania school; I had presumed the reverse to be the fact.

Compensation of Physicians.—The practitioners south of the Ohio river, receive much better fees than those to the north; but then the price of every thing in the former, is higher than in the latter. I believe, however, that the profession is on a better footing, more respected, more influential, and more accumulative of property in the valley of the Tennessee, than in that of the Muskingum, Miami, Wabash or Illinois. Nevertheless, even its ablest members are perpetually leaving it for more lucrative pursuits. For example, in Huntsville, there are two or three physicians who have withdrawn from the practice; and, even Dr. F—— who is generally and justly acknowledged to be at the head of the

profession, in this Valley, speaks of devoting himself, although in the meridian of life, to some other pursuit. This premature renunciation of what men have laboriously qualified themselves to prosecute, is manifestly not without a cause; and society should inquire into its nature, and the means which may be employed to countervail it. The period of greatest usefulness, in the life of a physician, extends from 40 to 60—he is not a man of wisdom before the former, nor of energy, after the latter term. All who reach the one should be held on to the other, not on their own account, but that of the community. But to secure this adherence, their honors and emoluments must be made equal to what are gathered by other cultivated and laborious men. Human nature requires this, and will not be satisfied with less.

(To be continued.)

2.—The Cincinnati College.

Medical Faculty.

During the present Summer and Autumn, the Faculty have greatly augmented the means of instruction in this department. An additional building has just been finished, in which are an apparatus room and working laboratory, for the professor of Chemistry; an apartment for the Museum of Anatomical preparations, the number of which, especially in pathological Anatomy, has been greatly increased; and a Dissecting Room of the largest class, which is furnished with every thing necessary to the successful prosecution of practical Anatomy.

They have, also, in connexion with several of the physicians of the city, founded a Library of ten or twelve hundred volumes, which will prove especially useful to students who may remain in Cincinnati during vacation.

Lastly, they have established a general Infirmary, under the title of THE CINCINNATI HOSPITAL. Which is intended as a school of clinical and surgical practice, for the pupils of the Institution.

DR. WILLARD PARKER, of New England, an experienced and eloquent teacher, who in the month of May was appointed professor of SURGERY, in this department, to supply the place of Dr. Jameson, will, as he has written, start for Cincinnati about the 20th of October, and of course be present at the opening of the session, on the last Monday of that month.

Students who intend to graduate, should recollect, that they must register their names with the Dean, by the 20th of November; for none will be considered as attending a full course who do not enter before that period, unless they were detained by causes that are satisfactory to the Faculty.

Law Faculty.

The Law School of the Cincinnati College, composed last year of the Hon. JOHN C. WRIGHT, late Supreme Judge of the State of Ohio, and of TIMOTHY WALKER and JOSEPH S. BENHAM, Esqrs., has lately been strengthened, by the addition of EDWARD D. MANSFIELD, Esq., author of the "Political Grammar of the United States." This very able Faculty will commence its session on the first Tuesday of November, by public introductory lectures in the chapel of the College.

Academical Faculty.

The Trustees of the College have recently revived this Faculty, by the appointment of the distinguished Professor McGUFFY, of the the Miami University, to the PRESIDENCY, and the chair of Moral Sciences. The other chairs, embracing a comprehensive course of studies, adapted to the requirements of the West, have been filled with the following gentlemen—Rev. ASA DRURY, of the Granville Institution, Ohio; ORMSBY M. MITCHEL and EDWARD D. MANSFIELD of this city, and CHARLES DAVIES, of the United States Military Academy. The three former are regarded, where they are known, as

eminently qualified for their respective stations; while the last, by his teachings and writings, has placed himself in the estimation of the whole country, among the most distinguished of its scientific professors. His acceptance has not yet been received.

The President and Faculty, will we are informed, be installed into office, in the latter part of October; and open their first session, at the same time with the other Faculties of the Institution. We shall only add, that Professors Gross, Rogers, and McDowell will give to the Senior Class, instruction in Physiology, Chemistry and Anatomy, as branches of general education.

3.—The Cincinnati Hospital.

In the preceding article we have *mentioned* the Cincinnati Hospital, but a more extended notice may, perhaps, be acceptable to our distant readers. It is designed to be a school of clinical practice—medical, surgical and obstetrical. Two of the professors will visit it daily (except on Sundays) from two to four o'clock in the afternoon, for the purpose of prescribing, operating and delivering clinical lectures. During these hours there are no lectures in the College; so that the same number that were delivered last year, will be given hereafter; while the advantages of hospital practice, on a new plan, will be experienced. In these institutions generally, throughout the United States, the custom is for students to make but two visits a week. But between public prescribing days so remote, many changes take place, and much is done which the students cannot witness. Of course, the instruction derived from each case, is far less, than if all its symptoms and treatment passed in review before them. By daily visits they will obviously derive, a far greater amount of advantage, than by a semi weekly attendance. To favor this frequent visiting, the Cincinnati Hospital has been opened in a large, well fin-

ished commodious house, directly across the street from the College edifice, in the very centre of the city.

The classes of patients which will be admitted are, 1. *Boatmen*, attached to steam boats, that pay to the surveyor of any western port from New Orleans to Pittsburg, the sum of 20 cents a month out of the wages of each *hand;* the Faculty having made arrangements to this effect with the government. This is a kind of embryotic national hospital. 2. *Strangers*, in indigent circumstances. 3. Persons of all kinds afflicted with maladies of the eye. The number of the latter class will undoubtedly be very considerable, as the patients of the Cincinnati Eye Infirmary will be turned over to this establishment. This public charity was chartered by the Legislature of Ohio, in the winter of 1827–8, but has been without an endowment. Notwithstanding this, a great number of patients, especially poor persons, have resorted to it for relief, and almost every operation, known to the ophthalmolsgists, has been performed in it with success. Hereafter *indigent* persons will not only receive medical and surgical aid, but be boarded, lodged and nursed, in the Cincinnati Hospital. 4. Still further, the Faculty have fitted up a prescribing room, for DISPENSARY patients of the city, who are unable to pay for professional attendance and medicines; but, when not so ill as to be confined to the house, may visit the establishment daily and receive both. Such will be the different classes of patients, who will be made the means of practical instruction to medical students. During the session of lectures, the prescribers will be the professors of surgery and the practice of physic—for the remainder of the year, the other professors, two at a time, will give attendance.

We may add, as general information, that an entire range of rooms, in the Hospital, are prepared for the reception of sick travelers, who may prefer the quiet and good nursing of such a situation, to the accommodations which are afforded in taverns.

4.—National Marine Hospitals in the West.

It was our intention to devote several pages of this number of the Journal, to a renewed consideration of this important subject· but other engagements have rendered it impracticable. We cannot, however, permit the number to go forth, without suggesting to our friends in the west and south, the great importance of a simultaneous effort upon the senators and representatives in Congress, from their respective states and districts. Considerable discussion was had in the committees of that body last winter, which has certainly prepared it for action, in the ensuing session. If nothing should, then, be accomplished, a new congress will have to take the subject up, and travel over the same ground with the last. Should the medical gentlemen of the country interested, bring their powerful influence to bear upon the members who represent them in the general government, an immediate and effective action might be the consequence. We should be happy if Dr. Campbell of St. Louis, the author of the project, would visit Washington the ensuing winter, and communicate personally with members on the subject. The profound attention he has given it, would enable him to do more for its final accomplishment, than any other individual; while the commercial rank of his own city, would seem, in an especial manner, to justify her in sending a qualified agent to give information, where it is so much needed.

We are of opinion that the existing marine regulations are by no means adapted to the interior; and that the continent and the ocean should each have its own system. At New Orleans, it is required as a preliminary to admission into the Seaman's Hospital, that the *boatmen* from the upper country, should have *protections!* Why do not Congress abolish this absurdity, by creating new methods adapted to the interior? There should, indeed, be the continental river fund, and the marine fund; and the privileges of boatmen should be uniform, throughout all the commercial towns of the lakes, the Mississippi, and the tributaries of both.

5.—Lectures on Mental Philosophy for Students of Medicine.

President McGuffey, whose successful devotion to the abstruse science of mind, is well known to all who have had an opportunity of listening to his *prelections*, will deliver a course of lectures on Mental Philosophy, to the students of the three departments of the Cincinnati College; which to the medical, from an arrangement made by the professors of that branch of the Faculty, will be gratuitous. We have often observed with regret, that many physicians are more ignorant of the philosophy of the mind, than of any thing else connected with the human constitution; and that many of them, have not even perceived the necessity of studying the laws of man's nobler part. All this is wrong. The reciprocal influence of the mind and body, is a fact which should never be forgotten by the physician; and, indeed, it is not; but how few have made it a study! How few have had a realizing sense of its importance! Every enlightened and experienced physician, has seen diseases produced by mental emotion, protracted by the same cause in spite of his physical remedies, or, finally removed by the rise of an opposite emotion. But it is in the study and treatment of the innumerable varieties of mental aberration, that the value of this branch of physiological science appears in its greatest magnitude; and no practitioner should ever approach the unfortunate subject of one of these alienations, without a familiar acquaintance with the principles of the philosophy of the mind as well as the body. Finally, there is still another and very different reason, for cultivating intellectual philosophy. Physicians are the teachers of medical students, and to teach successfully, they must be well acquainted with this branch of science.

COLLABORATORS.

J. Romeyn Beck, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in the Medical College of the Western District of New York.

Samuel A. Cartwright, M. D., of Natchez, Mississippi.

A. Clapp, M. D., of New Albany, Indiana.

Thomas Fearn, M. D., of Huntsville, Alabama.

James C. Finley, M. D., of Lebanon, Illinois.

Samuel D. Gross, M. D., Professor of General and Pathological Anatomy, Physiology, and Medical Jurisprudence in the Cincinnati College, Ohio.

John P. Harrison, M. D., Professor of Materia Medica in the Cincinnati College, Ohio.

John F. Henry, M. D., of Bloomington, Illinois.

S. P. Hildreth, M. D., of Marietta, Ohio.

Horatio G. Jameson, M. D., Professor of Surgery in the Cincinnati College, Ohio.

Jared P. Kirtland, M. D., of Poland, Ohio.

Charles Luzenburg, M. D., Professor of Theory and Practice of Medicine in the Medical College of Louisiana.

Joseph N. McDowell, M. D., Professor of Special and Surgical Anatomy in the Cincinnati College, Ohio.

Henry Miller, M. D., of Harrodsburg, Kentucky.

Joseph Ray, M. D., Professor of Natural Philosophy in the Woodward College, Cincinnati, Ohio.

John L. Riddell, A. M., Adjunct Professor of Chemistry and Lecturer on Botany in the Cincinnati College, Ohio.

Landon C. Rives, M. D., Professor of Obstetrics and the Diseases peculiar to Women and Children, in the Cincinnati College, Ohio.

James B. Rodgers, M. D., Professor of Chemistry and Pharmacy in the Cincinnati College, Ohio.

Gerard Troost, M. D., Professor of Chemistry and Mineralogy in the University of Nashville, Tennessee.

CONTENTS OF NO. XXXIX.

ESSAYS AND CASES.

ART. I.—Epidemic Erysipelas, p. 325
II.—Fracture of Cervical Vertebra, 328
III.—Secretion of Milk suspended by Sassafras Tea, 332
IV.—Diseases of the Antrum Maxillare, 333
V.—Great Ascitic Effusion, 343
VI.—Bleeding in the Chill of Intermittents, 345

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ART. VII.—Comparative Physiology, 350
VIII.—Importance of Physical Signs, 369
IX.—Cyclopædia of Practical Medicine. 385
X.—American Cyclopædia of Practical Medicine, 414

MISCELLANEOUS INTELLIGENCE.

ANALECTIC.

1. On Ligature of Arteries in case of Aneurism, p. 421.—2. On the Arteries of the Conjunctiva, 424—3. On the power of which this head of the thigh bone is retained in its Socket, 425.—4. Asthma, 426.—5. New mode of administering Balsam Copaibiae, 431.—6. On the Effects of Indigo in Epelepsy, and other Spasmodic Affections, 432.—7. Relation between the state of the Pulse, Respiration, and Temperature of the body, in diseases, 434.—8. Report on Vaccination in France during 1833, 437.—9. On the Treatment of Inflammation of the Testicles by means of Compression, 440.—10. Suicide in the Canton of Geneva, 444.—11. Detection of Sugar in the Blood in Diabetes, and on the best mode of separating the Substances from the Urine, 446.—12. Experiments on the action of Oxalic Acid, 447.—13. On the present state of Medicine in Denmark, 449.—14. Case of poisoning by Arsenic, treated with the Hydrated Peroxide of Iron, 466.—15. Medical properties of Creosote, 446.

ORIGINAL.

1. Traveling Memoranda from the Editor, 469.—2. Professional Observations for the year 1837, 476.—3. Convulsions of Children, 477.—4. Scalding by Steam, 478.—5. Cincinnati Eye Infirmary, 479.—6. Summer Medical Instruction, 480.—7. Appointment.